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ABSTRACT

This document comprises four issues of a quarterly newsletter about the Children's Health Insurance Program (CHIP) and efforts to enroll eligible children in the program. Each issue provides information on related national news events, future events and publications of the Children's Defense Fund, and outreach initiatives in various states. Some issues include information on online resources related to the topic discussed. The winter 2001 issue focuses on places of worship as potential outreach partners and describes program initiatives in New York, Illinois, Texas, and Pennsylvania. The spring 2001 issue focuses on innovation in outreach programs, involving college and high school students in outreach efforts, dispelling myths in the immigrant community, bringing kinship care families into the health care circle, and culturally sensitive outreach. The summer 2001 issue includes articles on helping families fully access health care services, identifying uninsured children in the frontier states, adolescents in need of health care services, and dental programs. The fall 2001 issue discusses efforts at the state and federal level to simplify the enrollment process for CHIP. (KB)

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Sign Them Up!
A Quarterly Newsletter about the Children's Health Insurance Program (CHIP).

Sign Them Up!
2001

Elizabeth Alesbury, Editor

Children's Defense Fund
Washington, DC

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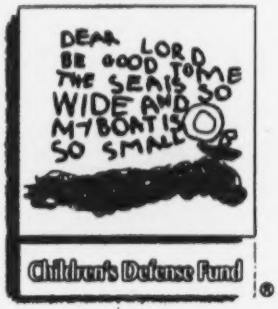
Sign Them Up!

A Quarterly Newsletter about the Children's Health Insurance Program (CHIP)

Winter 2001



Children's Defense Fund ®

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Places of Worship Provide Trusted Voice for Outreach

Five days a week Beverly Savage commuted from her home in Connecticut to her job as an administrative assistant at a charter school in Springfield, Massachusetts. Because she spent most of her week there, she as well as her husband, George, Sr., began forming ties to the Springfield area and eventually joined the Christian Embassy Church International. The sense of connection they felt toward the town and their faith community contributed to their decision to move to Springfield a little over a year ago. In an unfortunate twist of fate, just before moving with their six children, ages four to 18 years, Beverly's job was phased out, and she and her family were suddenly left with very little income and no health insurance. It was an uneasy time for the entire family. "We were forced to be selective in what we took the kids to the doctor for," recalls Beverly.

The Savage children were without health insurance for 10 months. But thanks to the collaborative efforts of Partners for a Healthier Community, the Covering Kids Project in Springfield, the Christian Embassy Church International, and other state and local partners, they now all enjoy the benefits of health care coverage. They have joined the more than 2 million children enrolled in the Children's Health Insurance Program (CHIP) since its inception in August 1997.

It wasn't until an event last summer that the Savages realized their children were eligible for MassHealth, which includes Massachusetts' Medicaid program and CHIP. Beverly and George, Sr. had heard about CHIP but didn't think they could qualify. "I thought we had to be getting other welfare benefits to be eligible," says Beverly. The event, called "Hawaii in the Park," was part of a major outreach program aimed at parents of school-age youth. The Springfield Covering Kids Project and the Christian Embassy Church International, where the Savages worship, sponsored the collaborative effort. "Working with the faith community is so important," explains Christy Woods, Program Coordinator for Covering Kids. "It includes so many trusted members of the community." Pastors Charles and April G. Kearse of the Christian Embassy Church International agree. "Churches are a good vehicle," says April. "They are a strong voice in the community." On the day of the event,

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PHOTO © CLEO FREELANCE PHOTOGRAPH

Places of Worship
(Continued from page 1)

Beverly and George, Sr. were volunteering at the church. Everyone who came to "Hawaii in the Park," including church members, was asked if they had health insurance. The event turned out to be a blessing in disguise for the Savage family. Thanks to their church's commitment to being a "voice for children's health," all six of their children are now insured. According to Beverly, the application process went very smoothly. "It didn't make you think this was a lot of red tape for nothing."

As involved as George, Sr. and Beverly were in their church and community, they basically stumbled onto the opportunity to sign up their children for free and low-cost health insurance. If they had not been volunteering at the health fair that day, their children might still be part of the more than 6 million eligible, uninsured children in America.

PHOTO BY CHRISTY WOODS

The Savage Family

When the Kaiser Commission on Medicaid and the Uninsured (*Enrolling Uninsured Children in Medicaid and CHIP*, January 2000) asked parents why they had not tried to enroll their children in Medicaid, 58 percent said they did not believe that their child would qualify. Even if they did think their child might be eligible, 56 percent said they didn't know where to go or how to apply for the program.

In addition to the Kaiser study, the Robert Wood Johnson Foundation (RWJF) released a study in August showing that six out of 10 parents whose children may qualify for CHIP or Medicaid do not believe that the programs are meant for them. Yet 82 percent of these parents said that if they knew their children were qualified to receive health coverage, they would enroll them. George and Beverly Savage knew about the program but did not think their children were eligible for MassHealth. Only after George, Sr. was personally approached by a trusted member of his church did he and his wife fill out an application. Both the Kaiser and RWJF studies suggest that more must be done to inform families about existing programs, educate them about eligibility guidelines, and guide them through the enrollment process.

As established and trusted networks within a local community, religious congregations can play a key role in educating the public about CHIP and Medicaid. Churches, synagogues, temples, and mosques serve as weekly gathering places for thousands of families across this country. While some of the families who gather to worship together may have employer-based or private health insurance for their children, a family sitting next to them may not be so fortunate. As Pastor April Kearse notes, "It's almost a privilege today to have health benefits." During the time that the Savage children were without health insurance, Beverly did not even consider private coverage because "private insurance is just too expensive." But children in families like the Savages are eligible for CHIP and Medicaid—they just don't realize it. And faith-based organizations can help bridge this crucial information gap.

Building on the historically strong role religious organizations have played in meeting mental, spiritual, and financial needs, religious leaders can impart a "moral mandate" to their members to make access to health care a part of the congregation's comprehensive support services. Religious communities are involved in supplying food, clothing, shelter, child care, education, and job training to those in need. It only follows that providing awareness and information about the existence of health insurance for eligible, uninsured children should also be part of a caring congregation's ministry.

Many congregations across the country are teaming up with other religious organizations, community leaders, and existing health networks to build a broad coalition of support in order to help children gain access to health care. The collaborative effort of the Covering Kids Project in Springfield with the Christian Embassy Church International is a shining example of the difference faith communities can make when they become "voices for children's health." Unfortunately, churches must use their already limited resources to support these efforts.

Additional efforts by faith organizations in Florida, Illinois, Massachusetts, New York, Pennsylvania, and Texas are highlighted throughout this newsletter. A list of 10 simple ways congregations can help enroll children in CHIP and Medicaid is also included. We hope these ideas will inspire religious organizations to take action in their own communities and to share this information with other faith institutions within the community.

George, Sr. and Beverly's two youngest sons, Andre and George, Jr., recently went to their new pediatrician for check-ups. Each boy was given a comprehensive exam that included drawing a blood sample. George, Sr. was happy to report that both boys were very brave and liked the doctor. Thanks to the involvement of the Savage's church in the outreach fair, the family has found a new medical home for all of their health care needs. When asked how it feels to have health insurance after being without it for 10 months, Beverly replied, "We don't even think about it anymore. It's an invisible release." Unfortunately, there are millions of parents whose children are not insured who have to constantly think about what they will do if one of their children gets sick. This is why we need to come together as individuals, families, communities, and as a nation so that all parents can have the same peace of mind that the Savage family now enjoys.

For more information on the "Hawaii in the Park" event, contact Christy Woods, Springfield Covering Kids Initiative, by calling 413-750-2070.

"Sign Up Sunday"- A Shining Success at Black Churches in Houston

Considering that nearly one out of every four (22%) of the uninsured children living in Houston is African American, this is clearly a segment of the population that needs to be reached. While recent Children's Health Insurance Program (CHIP) outreach campaigns in Texas have focused on the Latino and Asian communities, many advocates were concerned that African American children were being left behind.

For that reason, CDF-TX, led by Texas Advisory Board Member Gail Revis, spearheaded a campaign to involve Black churches in CHIP outreach efforts. "We wanted this campaign to reach the African American community in their 'heart and soul'—the Black churches. We wanted to engage the churches in a meaningful way and allow the message and enrollment information to come from an institution that the community believes in and trusts," said Revis.

Under Revis' direction, CDF-TX joined with African American elected officials, the African American media, and Black churches throughout Houston to hold a citywide CHIP enrollment day on November 5, 2000, called "Sign Up Sunday." The campaign consisted of four stages:

- Involve African American elected officials in the identification of Black churches in Houston
- Mobilize African American ministers in support of the enrollment day
- Train church staff to assist families in applying for health insurance after church service
- Promote the event using African American media

In July 2000, CDF-TX convened a meeting of African American elected officials and asked for their assistance in involving Black churches in CHIP outreach efforts. Specifically, CDF-TX asked legislators to identify ministers within their district who would be interested in participating in a citywide enrollment day. With the help of legislators, CDF-TX compiled a list of over 430 churches throughout Houston.

CDF-TX then met with African American ministers to request their involvement in "Sign Up Sunday." The ministers were asked to make pulpit announcements throughout the weekend to promote the CHIP program. CDF-TX also asked ministers to identify church members who would like to be trained to assist families in completing CHIP applications after church services.

During the last two weeks of October, CDF-TX offered three separate training sessions for church staff, teaching them how to complete CHIP applications and to assist families with the enrollment process.

Throughout the campaign, CDF-TX had the backing of the African American media, including radio stations and local newspapers that announced the campaign and encouraged churches to participate. Radio stations KTSU 90.9 and Magic 102.1 FM made public service announcements informing African American families about new health insurance options available to them.

The campaign was a tremendous success:

- Over 25 churches participated in the November 5, 2000, event
- More than 10,000 individuals were reached through pulpit announcements
- 40 church members were trained to provide application assistance
- Over 110 families were assisted in applying for health insurance

CDF-TX thanks all participating churches, legislators, and members of the media for their support of this campaign. Through this collaboration, all of those involved have shown that it is indeed possible to Leave No Child Behind®!

For more information about the "Sign Up Sunday" event, contact Barbara Best at the CDF-TX Office by calling 713-273-3291 or e-mail her at bbest@childrensdefense.org.

Pennsylvania Church Puts Its Faith in Outreach

In Upper Darby, Pennsylvania, Christ Lutheran Church has made a commitment to enroll all eligible children in the community in CHIP or Medicaid. Through its recently created program the church hopes to reach hundreds of children. This type of social outreach is nothing new to Christ Lutheran Church. As an integral part of a vastly diverse community, for years it has been providing after-school and camp programs, educational events, health screenings, and community dinners to the residents of Upper Darby.

The church's current goal is to find and assist families with eligible children who have fallen through the cracks of traditional service programs—those families who are not aware of CHIP and Medicaid or who think they are not eligible to participate. Parents of children who have participated in either the after-school program or the summer day camp program, both run by the church, will be contacted by mail. They will then receive a follow-up phone call in order to determine the insurance status of their children and offer information about CHIP and Medicaid to those who are uninsured. The parish nurse, Bobbi Castellan, R.N., will provide personal assistance in completing the application process to those families with eligible children. The families to be contacted will be drawn from the church's database, which contains names collected over the past seven years.

Another outreach strategy involves contacting students enrolled in EVENSTART, a multi-generational, "English as a second language" program that meets at the

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Mini-Grants Produce Major Results

Massachusetts learned early on that making individuals eligible for health insurance is not the same as enrolling them. It is this realization that is most likely responsible for the state being ranked first in enrollment for Medicaid and the Children's Health Insurance Program (CHIP) among states having CHIP programs in operation for more than one year, according to the recent CDF report, *All Over the Map*. The success of the Massachusetts program began with

Health Access Network Meeting

an effort to encourage enrollment by making the process more user-friendly. Along with developing a simplified joint application for the Medicaid/CHIP program and eliminating financial verifications, two programs intended to promote community-based outreach and enrollment were created—the Health Access Mini-Grants Program and the Health Access Networks.

Realizing that community-based outreach is a crucial and powerful component of any drive to expand health care coverage, the Massachusetts state government funded the Health Access Mini-Grants Program. Mini-grants were allocated to a broad range of communities across the state in order to assist them in their neighborhood outreach for Medicaid, CHIP, and the state-funded Children's Health Insurance Program. Because knowing how to find and engage people requires local knowledge, the underlying assumption was that community-based organizations (CBO's) were better equipped to design and implement strategies for identifying and enrolling eligible uninsured residents at the local level. "Community-based organizations know their communities best and it is important to appreciate that every community is different. CBO's know who in the community is likely to need health insurance, where to find them and, most importantly, how to successfully engage them and develop a trusting relationship," says Michael DeChiara, Director of the Health Access Program at AHEC/Community Partners. "Massachusetts is a national leader regarding Medicaid/CHIP enrollment, in part, because it was able to design a broad, multi-component outreach effort." The mini-grants program allows the state government to use local networks that are already in place, like those in the faith- based community, instead of attempting to start from scratch. By employing this outreach strategy, the state is able to reach people in their own settings where they feel secure and are more likely to trust the individual offering health insurance information and support. As DeChiara points out, "In many places in America, faith is an interwoven part of community. Knowing where to engage people—whether Sicilian fishermen in Gloucester, Massachusetts or African American mothers in Oakland, California— often involves going to places of worship."

Experience has shown that only after receiving information anywhere from three to seven times through a variety of venues do people become compelled to enroll their families. To facilitate this type of frequent and intense contact, collaboration between the communities and the state government is absolutely essential. Unless uninsured individuals have someone to assist them every step of the way and follow-up on their progress, it is unlikely that they will follow through with completing the enrollment process. It is only at the local level, through community-based partners who can offer individual contact, customized outreach, and trusting relationships, that effective outreach can realistically be achieved.

Healthy Connections on Cape Cod, a mini-grants recipient and part of the Outer/Lower Cape Community Coalition, works in partnership with Cape communities, residents, and human service providers to improve public health. In November, in an effort to expand channels of awareness, they sent out informational brochures to 88 regional churches. Bruce Gibbs, a shell fisherman, heard about Healthy Connections through the local grapevine, "I have never asked for help before, but I am glad I did. When I called Healthy Connections I found out that self-employed people can use their adjusted gross income. I used line 22 on the 1040 tax return and was eligible for free health care!"

The mini-grants program demonstrates Massachusetts' commitment to supporting community-based partnerships. In 2001, 84 grantees will receive between $10,000-19,000 each as part of a $1.2 million annual commitment from the state. These grants are awarded to a diverse group of communities serving both urban and rural areas as well as specific ethnic and racial populations.

While Massachusetts understands that its local outreach workers are the key to a successful enrollment program, it also knows that enrollment can happen only when these workers are linked to the rest of the state system. This is the reason why Area Health Education Centers (AHEC) created the Health Access Networks (HAN). When asked by the University of Massachusetts Medical School to help with community coalition building, AHEC/Community Partners put together the HAN program, which consists of monthly, facilitated meetings involving local community organizations, regionally-based state agency representatives, as well as statewide health care advocates. The meetings are designed to provide information concerning new programs and policies, give updates about available resources, and offer a better understanding of the broader

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context of health care politics. They also afford participants the chance to exchange information, share best practices, and build relationships. As expected, hearing success stories is an important part of the meetings, but the primary goal of the HAN gatherings is to promote honest sharing in a safe and respected environment, which means hearing about both the successes and the failures. "Best practices" doesn't always mean best for everyone. Outreach methods that work for some communities may not be as well received in others, and what might be a "flop" in one neighborhood could turn out to be an overwhelming success elsewhere.

Another fundamental goal of these meetings is true collaboration where significant and dynamic exchange takes place. To government officials "the community" often seems elusive and hard to identify, so the Health Access Networks serve the essential role of conduit. Lessons and observations from the field can be voiced, acknowledged, and documented, offering government representatives vital information they can use in making policy decisions. This results in community workers feeling less isolated, and government agencies being more in touch with the "trial and error" side of the outreach process. The valuable information feedback loop that is created allows for a better understanding of how issues are interconnected.

"At the heart of all faith organizations are places of worship where people come together to practice their faith. Through these special places, be they cathedrals, chapels, churches, mosques, pagodas, synagogues, tabernacles, temples, or other meeting places, the health of individuals, families, and communities can be improved."

Dr. David Satcher
United States Surgeon General

The give and take exchange during these meetings can result in significant policy changes. One example is an innovative "rolling re-determination" pilot program proposed by the Massachusetts Covering Kids Program, which is soon to be implemented through a partnership between the Medicaid agency and community-based organizations. During the periods between meetings, AHEC/Community Partners, who coordinate the Health Access Networks, serve as a liaison between the state government and the communities to keep the lines of communication constantly open.

The praise for these two community-oriented programs has been widespread. The National Governors' Association recognized the Health Access Mini-Grants as a "best practice." A Kaiser Family Foundation report identified Massachusetts as having the highest Medicaid enrollments of all states surveyed between 1997 and 1999. "The health access mini-grant program has been credited by all stakeholders in Massachusetts with contributing to the excellent enrollment rates for Medicaid and CHIP. The previous Medicaid Commissioner and many of his staff, the Massachusetts Hospital Association, the University of Massachusetts Medical School, and regional Health Resources and Services Administration (HRSA) and Health Care Financing Administration (HCFA) staff all support and praise the community-based efforts," says DeChiara.

While the effectiveness of the Health Access Mini-Grants and the Health Access Networks can be evidenced at the national, state, and local levels, those involved realize that outreach is an ongoing process. Just because someone is enrolled does not mean the local outreach worker's job is finished. Now they must assist newly enrolled individuals in selecting a medical provider, making an initial appointment, and learning to access and navigate our country's health care system. Only then will the job of outreach be considered a true success.

For more information about Massachusetts' Health Access Mini-Grants or Health Access Networks, contact Michael DeChiara at AHEC/Community Partners by calling 413-253-4283 or e-mail him at mdechiara@ahecpartners.org.

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church. Castellan notes, "We have a diverse group of families from Albania, Eastern Europe, Liberia, and the Middle East. Since language is the first barrier that many of these families must overcome, we will use these classes to reach families with potentially eligible children who may have already been assisted with immunizations, securing flu shots, or with instruction about how to get the most out of a doctor visit." It is through personal contact and interaction that Castellan hopes to reach the greatest number of uninsured in this population. She has already put this approach into practice. For over a year, she has been working with one student to help her manage her own health and that of her infant daughter.

As the parish nurse, Castellan is an effective conduit for reaching the uninsured. "I see myself as a bridge builder between the needs of the larger community and the faith community. Services provided include assistance with medical questions, help with CHIP or Medicaid applications, and home or office visits. The outreach component of the CHIP program is a natural and important extension of the work of the church as a community resource," explains Castellan. Several nursing students from local universities have been recruited to assist her with the development of the CHIP outreach program.

Christ Lutheran Church has received a grant from the Commonwealth of Pennsylvania that will offer the church some financial assistance to further Castellan's outreach work. The grants program is part of an outreach strategy developed through a collaborative endeavor of the Department of Public Welfare, the Insurance Department, and the State Department of Health. Pennsylvania's Children's Health Outreach Project supports community-based efforts to increase health care coverage for the state's low-income children, to promote preventive care and good health planning, and to reduce uncompensated care—the same goals on which Bobbi Castellan is so clearly focused.

American Medical Association Student Section: Mixing Medicine, Community Service, and Faith

The American Medical Association (AMA) Medical Student Section (MSS) represents nearly 44,000 medical students who are actively involved in organized medicine and community service throughout the country. The organization has selected the Children's Health Insurance Program (CHIP) as its National Service Project for 2000-2002. As part of the project, the AMA-MSS is seeking opportunities to engage in education, outreach, and enrollment for CHIP to help get the word out to families. Their recent national conference in Orlando presented the chance to further their National Service Project by working closely with local advocates and volunteers on outreach and enrollment.

PHOTOS © TED ORLOWSKI/AMERICAN MEDICAL ASSOCIATION

AMA-MSS National Service Project event in Orlando.

"Of all forms of inequality, injustice in health care is the most shocking and inhumane."

Rev. Dr. Martin Luther King, Jr.

The AMA-MSS, Florida KidCare, the Children's Defense Fund, a coalition of local child advocates, and members of the faith-based community planned a service project at the Central Florida Fairgrounds in Orlando, Florida. The event, held under a tent at the fairgrounds, created a lively, safe, and playful environment for increasing family awareness of CHIP. During the event, medical students and members of the community educated families about KidCare and provided parents with specific instructions on how to complete the application for the program. Volunteers performed blood pressure screenings for adults and there were games, face painting, and other fun activities for children.

Informational flyers about the event were circulated to churches in the area several weeks in advance. Pastors were asked to include the flyer in their church bulletin and to make an announcement to the congregation. Bertha Johnson from the Central Florida Stand For Children Alliance was instrumental in involving the faith-based community in the event. She believes faith organizations have a key role to play when it comes to children. "We can give our children material toys, but the best gift we can give them, especially during this time of year, is health insurance," states Johnson.

After the holidays, the Alliance will be following up with the same congregations, mailing them another flyer about KidCare, including local contacts, in hopes that families will feel more comfortable calling a local telephone number for help. The Alliance will be offering workshops at the churches to explain more about the importance of health insurance for children, as well as providing applications, and contact information if families have additional questions about the program. This holiday season, Ms. Johnson is hoping that more families will give their children the true "gift of a lifetime"—health insurance.

For more information on the AMA-MSS National Service Project contact Cedric Burgess by calling 312-464-4742 or e-mail him at cedricburgess@ama-assn.org. *To learn more about the involvement of the Alliance in outreach and enrollment for KidCare, contact Bertha Johnson by calling 407-828-2768 or e-mail her at* berthajohnson @disney.com.

Faith Organizations Can Help Children Get Health Insurance

1. Secure support and commitment from appropriate clergy, staff, and committees to make children's health a priority within your faith community.

An important first step is developing the unified message that the various partners within your faith community will use in becoming an effective voice for children's health. Before moving ahead with more concrete plans for helping children secure access to health care, make sure all necessary partners are gathered around the same table.

2. Post flyers, posters, brochures, and applications in prominent places.

Display outreach materials about the availability of health insurance for children where members of your congregation gather, such as entrance halls, schools, and congregation offices. Include information about where families can go to ask questions or get assistance with the application process.

3. Focus a sermon or service on the importance of children's health issues.

The *National Observance of Children's Sabbaths 2000* manual offers suggestions and educational resources for a Catholic or Episcopal liturgy, a Protestant service of worship, or a Jewish Shabbat service. Select hymns, prayers, and readings that focus on children's health and our responsibility toward ensuring a healthy start for every child. Include information about your state's Medicaid and/or Children's Health Insurance Program (CHIP) as well as resources where families can get more information about the programs.

4. Designate a member of the congregation to coordinate your children's health activities.

To emphasize the importance of children's health within the faith ministry, designate a staff person or volunteer within the congregation to coordinate activities related to children's health, including CHIP and Medicaid outreach and enrollment. The coordinator can serve as a liaison between the state agencies that oversee the CHIP and Medicaid programs in your state and the faith community. That role could include providing members of the congregation with information about how to enroll children in a program, offering technical assistance for families who have questions about the application process, and providing training so that other members can get involved in outreach and enrollment activities.

5. Partner with local child advocates and health coalitions.

Encourage the congregation's children's health coordinator to join the local child health coalition. Participation in the coalition will give your coordinator an opportunity to assess what outreach activities are currently underway in your community, thereby determining the specific role your congregation can play in assisting with outreach and enrollment activities within the community. If a coalition does not exist in the community, support the coordinator in partnering with local service providers, community health groups, local businesses, and neighborhood associations to build a child health coalition.

6. Utilize state agencies for information and resources.

Your state CHIP and Medicaid agencies can furnish your children's health coordinator with valuable resources for outreach activities, such as flyers, brochures, posters, and applications. The state can also provide updates on changes in eligibility levels, documentation requirements, and contact information.

7. Engage other faith-based organizations in your children's health activities.

Invite other community ministries to get involved in CHIP and Medicaid outreach and enrollment. Outline some of your congregation's outreach activities and explore opportunities to coordinate joint "Sign Them Up" events during seasonal bazaars, food pantry drives, or school programs.

8. Spread the word about CHIP and Medicaid to your congregation.

Include information about the importance of children's health insurance and its availability through your congregation's bulletin, newsletter, Web site, and other publications. Be sure to include the national toll-free 1-877-KIDS-NOW number, or your state's toll-free number, so that families have a resource for further information and assistance.

9. Use the media to publicize your children's health activities.

The press and local media can play a key role in publicizing upcoming CHIP and Medicaid outreach events. Advertising in advance will make families aware of an event, so they can bring the necessary documentation with them to complete the application process on-site. Contact local newspapers and radio and television stations for coverage prior to and on the day of the event. Ask a local radio or television personality to attend the event. Follow-up articles in the newspaper are also important in reaching families who were unable to attend the event; remember to include local contact information for those who need further assistance with the enrollment process.

10. Reach out to the minority community.

As trusted members of the community, faith-based organizations are in an ideal position to include hard-to-reach families in their outreach efforts. Minority families often face cultural barriers that make it difficult to enroll their children in CHIP and Medicaid, but congregations can bridge those barriers, helping all children get the health insurance they deserve.

Putting It All Together In Illinois

Illinois faces the same challenges as the rest of the country when it comes to making eligible families aware of free and low-cost health insurance, available through KidCare, the state's Children's Health Insurance Program. "People don't understand what an opportunity KidCare is and how important it is to get health insurance for kids," said Robyn Gabel, Executive Director of the Illinois Maternal and Child Health Coalition (IMCHC). Since the passage of CHIP, advocates at IMCHC have implemented several outreach initiatives with the public schools, local businesses, and other community partners. While these efforts have generated modest gains in enrollment, many eligible children remain uninsured. As IMCHC began to explore other ways to get in touch with eligible families, the faith-based community seemed like a natural intermediary for outreach, "...particularly in the African American community where people are accustomed to getting more than religious exposure from their faith institutions," observed Gabel.

In Cook County, Illinois, which includes Chicago, the faith-based establishment was engaged as a vital partner to help advocates enroll children in KidCare. To further this collaboration, advocates at IMCHC along with other local groups have designated each May as "Faith, Health and Unity" month. The annual month-long campaign is aimed at increasing awareness about the number of uninsured children within the faith community and promoting activities among these institutions to reach and enroll eligible children.

The campaign has enlisted the participation of several prominent religious leaders, as well as local elected officials, and representatives from the Governor's office. Organizers initially focused on the Latino community, developing specific tools for congregations within that community. Advocates then challenged other religious leaders to promote KidCare to their congregations and inform families about the importance of health care coverage in maintaining the health of their children. To assist with the effort, IMCHC developed an easy-to-use Faith Outreach Toolkit in English and Spanish. The kit provides general information about KidCare as well as specific tools for religious leaders to use in getting their message across. Advocates also helped congregations in selected communities by making presentations, assisting with sermons on health care, and distributing materials.

Building on the success of the "Faith, Health and Unity" campaign is another Chicago-based group, the Gilead Center, comprised of religious and community groups, labor unions, and health care providers. The Center, located at the Metropolitan Chicago Health Care Council, says its mission is to activate aggressive outreach strategies through multi-lingual advertising and intensive networking within faith-based institutions in Cook County. The Center also operates a telephone hotline where uninsured families can get health insurance information or be referred to a KidCare enrollment site.

During the month of December 2000, the Center sponsored a "Holiday Campaign," aimed at increasing awareness by promoting special sermons, distributing flyers, and hosting sign-up events at some 300 faith-based establishments and community sites throughout Chicago and its suburbs. The campaign involved institutions from the Jewish, Christian, and Islamic faiths. "We decided to have the campaign in December because the month is significant to people from all three faiths, and it represents an excellent opportunity to reach out to uninsured families during this period of celebration," explained Marcelo Zuierzynski, Executive Director of the Gilead Center. As part of the Holiday Campaign, the Center also collaborated with Chicago public schools, libraries, and businesses in an effort to inform families and reduce cultural barriers. Launched with the theme "Give your child the gift of health," campaign events were tied to the religious and community calendar. Another important phase of the campaign involved recruiting and training a core group of volunteers who will be able to work on enrollment efforts all year long, because effective outreach cannot be a seasonal event.

"The biggest stigma is that families continue to think of KidCare as a hand out," said Donata Chestang, enrollment counselor at the Christian Community Health Center in Chicago. Yet when we consider the question, "Am I my brother's keeper?" we realize that we are not talking about "hand outs"—just simply taking care of our fellow human beings. With that thought in mind and the trust and goodwill of leaders in the faith community, we can ensure that all of our children are able to reap the benefits of health care.

For more information on the Illinois Maternal Child Health Coalition contact Laura Leon by calling 773-384-8828 or e-mail her at Ilmaternal@aol.com. *To learn more about the Gilead Center contact Marcelo Zuierzynski by calling 312-906-6143.*

DID YOU KNOW?

- There are over 196,000 Sunday schools within Christian congregations in the United States.
- Over 26 million children and adults are enrolled in these Sunday schools.
- Nearly 535,000 clergy serve these congregations and schools and are viewed as trusted sources of information and moral guidance.

With over 42 million uninsured people in the United States in 1999, chances are that some portion of the 26 million who attend Sunday schools are uninsured but may be eligible for CHIP or Medicaid. Using Sunday schools for outreach gives congregations the opportunity to include health issues in their faith ministry.

Sources: Yearbook of American & Canadian Churches 1998. U.S. Department of Commerce, Bureau of the Census, March 2000, Current Population Survey. Calculations by the Children's Defense Fund.

New York Faith-Based Groups Join Health STAT Effort

The response of the latest group called into Mayor Rudolph W. Giuliani's Health STAT initiative in New York City was a rousing, "AMEN!" On Tuesday, November 28, religious leaders from all five boroughs attended a special meeting at City Hall where Deputy Mayor Anthony Coles and Anne Heller, Director of the Mayor's Office of Health Insurance Access (MOHIA), invited them to join the effort to identify and refer families with uninsured children.

Health STAT is the Mayor's citywide initiative to see that eligible children and adults are enrolled into available health insurance programs. MOHIA oversees the project and coordinates more than 20 city agencies involved in outreach and enrollment efforts. CDF-NY works closely with MOHIA providing technical assistance and training to city workers on eligibility and enrollment procedures for Child Health Plus A (children's Medicaid) and Child Health Plus B, the state's Children's Health Insurance Program.

Since January 2000, approximately 72,000 New York City children have been enrolled in Child Health Plus A or Child Health Plus B, but there are still many hard-to-reach families who have uninsured children, particularly immigrant families. Because clergy members are trusted leaders in their communities, Deputy Mayor Coles and Ms. Heller asked them to help assure immigrant families that their children may be eligible and that they will not have to face other citizenship issues if they sign them up for health insurance.

Rev. Louise Green of Metro Industrial Area Foundation (Metro IAF) spoke about the efforts of their 140-member congregations surrounding this issue. "People trust people, not programs," said Green. Alberta Brooks from St. Barbara's Roman Catholic Church in Bushwick Brooklyn and Lourdes Mateo from St. Elizabeth's Roman Catholic Church in Washington Heights, also Metro IAF members, echoed Rev. Green's message that clergy can make a difference. Attendees left armed with "how-to" kits including sample letters to congregants, articles for newsletters, flyers, posters, and an invigorated collective will to enroll every uninsured child in each of their congregations.

For more information on Health STAT, contact Sandra Trujillo from the CDF-NY Office at 212-697-2323 or e-mail her at strujillo@childrensdefense.org.

DID YOU KNOW?

There are over 147 million people who are members of national religious groups:

Roman Catholic Church	61,207,914	Orthodox Church in America	2,000,000
United Methodist Church	8,495,378	United Synagogues Conservative Judaism	** 2,000,000
National Baptist Convention U.S.A.	8,200,000	Greek Orthodox Archdiocese No./So. America	1,950,000
Southern Baptist Convention	5,691,964	Buddhists	* 1,864,000
Church of God in Christ	5,499,875	American Baptist Churches in the U.S.A.	1,503,267
Evangelical Lutheran Church in America	5,180,910	United Church of Christ	1,452,565
Islam	* 5,167,000	Baptist Bible Fellowship International	1,500,000
Church of Jesus Christ of Latter-Day Saints	4,800,000	Union of America Hebrew Congregations	** 1,300,000
Presbyterian Church (U.S.A.)	3,637,375	African Methodist Episcopal Zion Church	1,252,369
African Methodist Episcopal Church	3,500,000	Christian Churches and Churches of Christ	1,071,616
National Baptist Convention of America	3,500,000	Pentecostal Assemblies of the World	1,000,000
Lutheran Church – Missouri Synod	2,601,144	Union of Orthodox Jewish Congregations	** 1,000,000
Episcopal Church	2,536,550		
Nat'l. Missionary Baptist Convention America	2,500,000		
Progressive National Baptist Convention	2,500,000		
Churches of Christ	2,250,000		

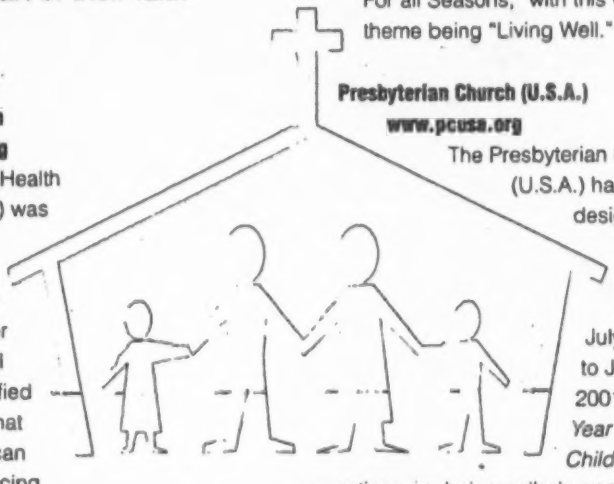
Sources: Yearbook of American & Canadian Churches 1998
*Encyclopedia Britannica Book of the Year 1998
**World Almanac 1998

Online Resources

The following online sites are a sampling of some of the national faith-based organizations across the country that are making children's health issues a part of their faith ministry.

The Interfaith Health Program
www.ihpnet.org
The Interfaith Health Program (IHP) was launched in 1992 at the Carter Center in Atlanta after major national studies identified the key role that faith groups can play in advancing the health of individuals and communities. In the fall of 1999, the IHP moved into its permanent home at Emory University as a program of the Rollins School of Public Health, in close relationship with the schools of theology and nursing. The vision of IHP is to build and sustain a movement possessed by a shared dream of social justice, personal responsibility, and moral integrity; a movement directed toward whole-person, whole-community health through networks within and across health and faith systems.

B'nai B'rith Center for Community Action
www.bnaibrith.org/cca
The mission of the B'nai B'rith Center for Community Action is to develop programs that will improve the quality of life within communities by encouraging individuals to help promote Jewish values of social responsibility through community service. B'nai B'rith serves all individuals both Jewish and non-Jewish. Their Web site outlines some of their ongoing programs, including B'Nai B'rith Cares for Kids, provides stuffed animals and volunteer interaction for children in need, and also gives information about their "Projects For all Seasons," with this winter's theme being "Living Well."



Presbyterian Church (U.S.A.)
www.pcusa.org
The Presbyterian Church (U.S.A.) has designated the period from July 2000 to June 2001 as the *Year of the Child*. Congregations are being called upon to "Broaden Our Baptismal Embrace" of children and youth within their own congregations, communities, the nation, and the world. Congregations are challenged to begin at least one new initiative on behalf of children and youth. Their Web site suggests actions to be taken at all levels.

United Methodist Church Health and Welfare Ministries
gbgm-umc.org/units/hwmin
Health and Welfare Ministries assists United Methodists who are interested in becoming involved with global health and welfare ministries. The ministries address the critical health needs of children, youth, older adults, persons with physically and mentally challenging conditions, and health conditions common to specific racial and ethnic communities. This program is designed to assist in the establishment of comprehensive, community-based primary health care programs.

Children's Health Matters
www.childrenshealthmatters.org
Comprised of eight Catholic organizations, Children's Health Matters is dedicated to helping communities develop and strengthen advocacy efforts to streamline the Medicaid and CHIP application process, as well as develop innovative enrollment strategies. Their Web site provides enrollment and advocacy tools, a Medicaid outreach resource kit, and examples of local programs in action.

Congress of National Black Churches
www.cnbc.org
The Congress of National Black Churches is a leading African American, faith-based organization, empowering communities through collective action, technical assistance, training, and the development of replicable models. These models facilitate a structured and sustained response to community needs through local churches. Through their National Health Program (NHP), the CNBC promotes improved immunization levels from childhood through the senior years, greater access to materials and resources for church-based health programs, and further enhancement of community health services.

Union of American Hebrew Congregations
www.uahc.org
The Union of American Hebrew Congregations is the congregational arm of the Reform Movement in North America. The Union provides leadership and vision to Reform Jews on spiritual, ethical, and political issues. The UAHC works in close partnership with the National Coalition on Health Care to educate Americans about the importance of health care.

Resolutions and Resources

Many congregations have adopted resolutions that reflect how an individual denomination's beliefs mandate advocacy and service to improve children's health. The following listings are a sample of existing resolutions. They illustrate the shared commitment people of faith have towards improving children's health. If your denomination is not represented, contact their national office to obtain information about its health-related resolutions.

American Baptist Resolution on Health Care for All

A three-page statement adopted by the General Board of the American Baptist Churches, June 1992. Modified by the Executive Committee of the General Board, September 1993. (General Board Reference # 8193:11/91)

Putting Children and Families First

This 17-page statement covering a wide range of children's issues, including health, was approved by the Catholic bishops of the United States at their General Meeting in November 1991. It is available from the U.S. Catholic Conference by calling 1-800-235-USCC.

Engaging Faith Communities as Partners in Improving Community Health

by Michael T. Hatcher, M.P.H and Mimi Kiser, M.P.H.

This 16-page document highlights a forum sponsored by the Center for Disease Control and Prevention (CDC), Agency for Toxic Substances and Disease Registry (ATSDR), and the Carter Center Interfaith Health Program. The forum focused on the need to expand community collaborations for improving health to faith communities. The document can be downloaded with Adobe Acrobat Reader by going to www.phppo.cdc.gov, then clicking on publications.

The Congregation: A Community of Care and Healing

by Kent C. Miller and Janice L. Burggrabe

This 30-page resource produced by the Presbyterian Church U.S.A. will help local leaders and congregations understand and engage in a health-related ministry. It is available through the Presbyterian Distribution Management Service by calling 1-800-524-2612. The publication costs $2.50 plus postage and handling.

The Health Cabinet

by Jill MacNamara

This guide outlines the process for creating a health cabinet, surveying your congregation, and organizing a health ministry. It is available through the National Parish Nurse Resource Center, 205 West Tuohy, Park Ridge, IL 60068. There is a $6.00 fee for the publication plus $1.50 for shipping and handling.

National Observance of Children's Sabbaths Manual

The National Observance of Children's Sabbaths is an annual, national multi-faith celebration of children observed in October in thousands of congregations across the country. It is a weekend of worship, education, outreach, and advocacy that responds to the faith-based call to meet the needs of children. Copies of the 2000 Sabbath manual are still available through the Children's Defense Fund's Fulfillment Center at 202-662-3652. Individual copies cost $6.00 plus shipping and handling with significant discounts for multiple-copy orders. The 2001 Sabbath manual will be available in March.

7th Annual Samuel DeWitt Proctor Institute for Child Advocacy Ministry

July 16-20, 2001
The former Alex Haley Farm
Clinton, TN

For more information contact the Religious Affairs Division of the Children's Defense Fund by calling 202-662-3583.

Since 1995, the Institute for Child Advocacy Ministry has gathered seminarians, clergy, and lay leaders for five days of continuing education, spiritual renewal, and networking with others who share the vision of child advocacy ministry.

Institute participants join in song.

25 E Street, NW
Washington, DC 20001

Upcoming CDF Events and Publications

Children's Defense Fund
Annual National Conference 2001
Leave No Child Behind®: Transforming the World for Children
April 18-21, 2001
Hilton Washington and Towers
Washington, DC
For more information call 1-800-CDF-1200
or e-mail cdfinfo@childrensdefense.org

Future Resources
The Children's Defense Fund's Child Health Implementation Project is developing new materials for organizations interested in conducting faith-based outreach activities. These new tools, in addition to the information contained in this edition of "Sign Them Up," will provide practical ideas on:

- Conducting outreach within congregations and communities
- Organizing outreach events with faith-based organizations and other community partners
- Outlining strategies to get a congregation started on outreach or invigorate an existing effort

These tools will be available after March 1, 2001. For more information check the CDF Web site at www.childrensdefense.org or e-mail us at CDFhealth@childrensdefense.org. Please contact the Child Health Implementation Project with innovative faith-based outreach strategies from your community by faxing the information to Desmond Brown at 202-662-3550 or by e-mailing him at dbrown@childrensdefense.org.

AHEC/Community Partners will be releasing a new tool to help communities expand health access. Beginning January 20, 2001, *Outreach Works* can be ordered by calling 413-253-4283 or by e-mailing info@ahecpartners.org. There is a $25.00 fee for the publication.

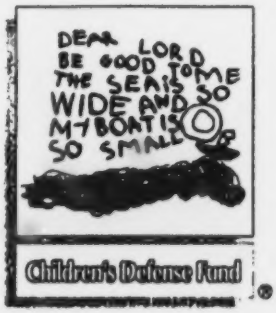
To join CDF's health listserv or to add the names of colleagues to the newsletter mailing list, please forward the following information to CDFhealth@childrensdefense.org.

- Name
- Agency
- Address
- Phone
- Fax
- E-mail address

Sign Them Up!

A Quarterly Newsletter about the Children's Health Insurance Program (CHIP)

Spring 2001



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Outreach Innovation: New and More Effective Ways to Sign Them Up

The money is available but where are the children? The United States faces a significant challenge finding and enrolling the more than six million uninsured children who are eligible but not enrolled in either Medicaid or the Children's Health Insurance Program (CHIP). While organizations and coalitions in the states work vehemently on outreach and enrollment, more needs to be done to ensure that families are aware of low-cost health insurance and their children are enrolled.

The task of finding millions of uninsured children is an enormous one. No family should have to face the choice between taking their child to the doctor or going to the grocery store, especially when we have the financial resources to make such heartbreaking decisions obsolete.

This edition of "**Sign Them Up**" highlights a variety of innovative outreach efforts from across the country. Advocates in New Mexico have developed a successful partnership with the Immigration and Naturalization Service (INS) that addresses the fears many immigrant families have regarding participation in public benefits programs. (*See "Just the Facts," page 3*) In Southern California, an outreach model within the Islamic community focuses on respecting family privacy, an essential first step in reaching and enrolling children in the Islamic community. (*See "Culturally Sensitive Outreach," page 8*)

In Texas, **insure•a•kid**, supported by the Dell Foundation, dispatches outreach workers to conduct informative sessions and provide assistance in enrolling employees' children into a health insurance program. (*See **insure•a•kid**, page 5*). In New York, local organizations work on "in-reach" to child care centers and other settings where employee's children are likely to be eligible for health coverage. Potentially eligible families who may have been missed through other avenues are

(Continued on page 2)

Outreach Innovation: New and More Effective Ways to Sign Them Up
(Continued from page 1)

identified and given information and enrollment assistance.

Taking full advantage of available technology, a number of states are developing new tools to ease enrollment and renewal. California, Pennsylvania, and Texas are presently developing CHIP and Medicaid applications for the Internet, which will allow organizations that assist families with enrollment to complete an on-line application. The on-line process will also provide immediate answers to families at the time of enrollment: whether or not their children are eligible for CHIP or Medicaid, which providers participate in the programs so that a primary provider can be selected, and what cost, if any, will be incurred through participation in the program. (*See California's Health-e-App, page 4*)

College and high school students across America are helping to spread the word. The recent national launch of the Student Health Outreach project (SHOUT) links students to local community-based organizations in an effort to expand outreach and enroll additional uninsured children in CHIP and Medicaid. (*See "SHOUT: Involving Students in a National Movement," below)*

Some of the strategies in this edition of **"Sign Them Up"** can be replicated or modified to fit the outreach needs of other locales. Additional creative methods still need to be developed in order to reach all of the uninsured children. The Children's Defense Fund is committed to identifying new and innovative strategies and sharing them with a national audience. Until every family enjoys the same peace of mind that health insurance provides, it is imperative to communicate promising ideas with those who are committed to making sure all children get a *Healthy Start* in life.

SHOUT:
Involving Students in a National Movement

The word is spreading—college and high school students across America are engaging in a movement to inform families about the availability of health insurance for their children. The recent national launch of the Children's Defense Fund's Student Health Outreach project (SHOUT) aims to link hundreds of college and high school students across the country to local community-based organizations (CBOs) in an effort to expand outreach and enroll all uninsured children in the Children's Health Insurance Program (CHIP) and Medicaid.

Students engaged in social action

SHOUT at Rice

SHOUT started as a pilot project in 1998 at Columbia University in collaboration with the Children's Defense Fund's New York office. Since then, SHOUT has spread to college campuses and communities all across the country thanks to the efforts of energetic students, supportive faculty, and dedicated CBOs.

April Stevens, a Rice University student, took SHOUT back to her campus after learning about the project during an internship with the Children's Defense Fund's Texas office. SHOUT provided April with the perfect opportunity to organize her fellow students around an important social issue. "As a student at Rice, SHOUT is a great way for me to combat on-campus apathy toward social issues and mobilize my peers to go out into the community and help enroll Houston's children into health coverage," says Stevens. April and other SHOUT volunteers from Rice worked with local advocates to gather support from key partners within the community, such as CDF-TX and the Texas Children's Hospital. Through this collaboration, the Rice initiative has quickly gained strength and is educating a large number of students on campus about health insurance for children in Texas.

April's initial push to bring SHOUT to her campus led to more than 50 Rice student volunteers participating in five different community outreach events in November 2000. Held throughout the Houston area, the events enrolled over 120 children in health insurance. The events also showed the Rice students just how critically needed their efforts are in helping families overcome the numerous challenges to enrolling their uninsured children in health coverage.

SHOUT at Yale

A single spark from an individual student did not ignite the SHOUT initiative at Yale University in New Haven, Connecticut. It was born out of an on-campus collaboration of undergraduate and medical students working to spread the word about HUSKY, Connecticut's CHIP program. Since the inception of SHOUT at Yale, student leaders have developed the project into an independent organization, raising funds and broadening their collaborative reach to include statewide child advocates, New Haven's Health Department, and New Haven

(Continued on page 4)

"Just the Facts"
Accurate Information a Vital Tool for Quelling Immigrants' Fears

True or false? Participation in a public benefit program such as the Children's Health Insurance Program or Medicaid by children in immigrant families could jeopardize their immigration status or have financial consequences for their sponsors. "False!" exclaims an innovative partnership between New Mexico Advocates for Children and Families (NMACF), the Immigration and Naturalization Service (INS), and the New Mexico Human Services Department (HSD), committed to dispelling deeply rooted myths about "public charge" within the immigrant community. (To read more about "Public Charge" or "Affidavit of Support" in the Fall 2000 newsletter, go to www.childensdefense.org/signthemup.)

"The health of our children is the driving force behind this partnership and dispelling myths within the immigrant community by providing accurate answers from a reliable source is the first, and most important, outreach step."

Kay Monaco

In 1998, New Mexico had the highest rate of uninsured children in the country with over 21 percent of all children at or below 200 percent of the Federal Poverty Level (FPL) lacking health coverage. As the Covering Kids grantee, New Mexico Advocates for Children and Families took the lead in fostering partnerships to identify and enroll uninsured children in New Mexikids, the state's CHIP program. (To read more about Covering Kids grantees, go to www.coveringkids.org). In early 1999, they formed an innovative collaboration with INS and HSD to increase enrollment in New Mexikids by alleviating fears within the immigrant community associated with public assistance. Former District Deputy Director for the INS El Paso Office, Anne Estrada, acknowledges the importance of this unique partnership. "This effort is covering new grounds for INS. This partnership is a positive step in the direction of working jointly with communities in resolving issues that involve both INS and the communities it serves."

While securing the support of the INS was key to the success of the collaboration, two additional components of the partnership were also essential — a media strategy and legislative support. In November 2000, the partners rolled out a 30-second public service announcement about New Mexikids. "It is a first step, it is a small step, but it is a giant step for children's health," notes Shelly Almaguer, Project Manager for the Dona Ana County chapter of NMACF. Participation by INS in the production and airing of a message to clarify confusion and encourage families to ensure the health of their children helped calm fears of immigrant populations. "I am thrilled that working together, the three agencies were able to clarify the rules," says Gail Stefl of HSD's Medical Assistance Division. "I believe we now have a clear message and this will positively impact the health and well-being of many families."

Getting a clear message out to targeted communities was accomplished through town hall meetings. Sponsored by NMACF Covering Kids, HSD, and the INS, the objective of the meetings was simple — provide a safe and comfortable environment that is conducive to an open exchange of information between participants and service providers. The overarching goal of the town hall meetings was to dispel the triangle of fear among public benefits, legal immigrants, and the INS in the hope of positively impacting children's health.

Support from U.S. Senator Jeff Bingaman (D-NM) was instrumental in solidifying the collaboration. "This effort holds great promise for expanding health care to kids whose families have shied away from enrolling them in New Mexico's Children's Health Insurance Program (CHIP). My hope is that this education campaign will be duplicated in all states with large immigrant communities so that we can reach as many families as possible," states Bingaman.

PHOTO © SHELLY ALMAGUER

INS speaking to collaboration members

"New Mexico Advocates for Children and Families is dedicated to furthering our goal of ensuring a healthy future for our children," says Kay Monaco, Executive Director for NMACF. "The partnership that we have formed with the Immigration and Naturalization Service has been one of the most unique and successful efforts towards achieving that goal. The health of our children is the driving force behind this partnership and dispelling myths within the immigrant community by providing accurate answers from a reliable source is the first, and most important, outreach step."

California's Health-e-App: Easing Eligibility Determination

There is good reason why Americans have embraced the World Wide Web and all of its attendant technology — because it's fast, efficient, and convenient. In California, the state's CHIP program, Healthy Families, and its Medicaid program, Medi-Cal for children and pregnant women, has started to utilize this technology by creating a new Web-based application. The interactive application, developed by the Medi-Cal Policy Institute and the California HealthCare Foundation, is called Health e-App. Currently being piloted in San Diego, the form is expected to significantly speed up the application and enrollment process.

Because many families do not have immediate access to the Internet, the on-line application has been designed to be used primarily by Certified Application Assistors (CAAs), most of whom are linked to community-based organizations. Currently in California, over 65 percent of applications are completed with the assistance of a CAA.

Laura Andrews, a community outreach worker employed by Comprehensive Health Centers, the pilot control test site, gives the Health-e-App form high marks. "Co-workers and the families they serve like the convenience of being able to immediately submit the application for eligibility determination. The family is told instantly which program they most likely qualify for and leave the appointment with a cover sheet listing any additional documentation or premium they need to complete the application process," says Andrews.

The Health-e-App on-line program is fully automated; modeled after the Turbo Tax program, an interactive tax program that walks the user through an electronic questionnaire. It has an interface with both the state's eligibility system and a database of health plans and providers, allowing families to select a provider once eligibility is determined, and also a built-in error check to guard against incorrect information being entered, which could slow down the determination process.

Advocates in California are hoping that when the pilot program is expanded statewide, it will help reduce the problem of applications "falling through the cracks." In addition, the relatively short time reported for completing Health-e-App, approximately 15-30 minutes, will allow the CAAs more time to counsel families on how to stay enrolled in public programs and how to access health care through the managed care system.

For more information on California's Health-e-App or to try a demonstration, please visit www.healtheapp.org.

SHOUT: Involving Students in a National Movement

(Continued from page 2)

Public Schools. SHOUT New Haven has recruited over 100 student and local volunteers to do educational outreach in various neighborhoods across the city. Along with spreading the word about HUSKY, the project has established office hours at a community center, in order to offer families assistance with HUSKY and Medicaid applications.

Through the national launch of SHOUT, CDF hopes to involve even more students like those at Rice and Yale in this national movement to insure all eligible children. CHIP and Medicaid are available in every state and the District of Columbia to help children in low-income families gain access to health insurance, but coverage through these programs is not automatic. Families need to hear about them from people and institutions they trust — neighbors, child advocates, faith-based institutions, community leaders, educators, and students.

If you are a student who is ready to take action and become a SHOUT volunteer, start learning about your state's Children's Health Insurance Program. Information for every state's program is available on CDF's Web site at www.childrensdefense.org/signthemuphealthy. Find out what the community-based child health collaboration in your area is doing to sign up children. You can participate in SHOUT through an existing community service program at your school or start a new SHOUT initiative.

The Children's Defense Fund serves as a facilitator for these student-run programs by assisting students and school officials in identifying key state contacts and community groups that are coordinating CHIP and Medicaid outreach. CDF fosters communication among SHOUT projects and provides tools and technical assistance. The new SHOUT listserv offers students and faculty across the country a forum for exchanging information about local SHOUT efforts. The SHOUT Toolkit: *Steps to Starting SHOUT at Your School,* can guide CBOs, students, and faculty through the development of a SHOUT project in their own community.

"SHOUT is part of CDF's national movement to help students become more aware of the issues that impact low-income, working families and then engage them in social action to remedy some of these problems, such as children without health insurance," says Desmond Brown, CDF's CHIP Collaboration Coordinator. Get involved in SHOUT and help ensure that every child has a *Healthy Start* in life.

Students and faculty can obtain information and materials about SHOUT by calling 202-628-8787 or on the Web at www.childrensdefense.org/SHOUT.html

For specific questions about the SHOUT program or to share information about student outreach efforts within your community, please forward emails to SHOUT@childrensdefense.org

To subscribe to the SHOUT listserv, send an email to majordomo@listbox.com *with the message "subscribe cdfshout."*

Insuring Kids is Good Business:

insure•a•kid's Business Initiative Successfully Enrolls Children

At an insure•a•kid outreach event in Texas, a mother of two first learned about the availability of free or low-cost health insurance for children. Because of her position as a part-time employee, she was not eligible for health coverage through her company. She struggled to pay insurance premiums for her family and from time to time went without health insurance. At the event sponsored by a local business, she sat down with an insure•a•kid outreach worker and discovered that her children could qualify for the state's Children's Health Insurance Program (CHIP). Thanks to CHIP, she now pays no more than $18 a month for quality health insurance covering all of her children.

PHOTO © CINDY THROOP

Just like this mother, many working parents do not realize their children may qualify for CHIP coverage. In Texas alone, 84 percent of the 1.2 million uninsured children have at least one working parent. Given this fact, combined with the recent increase in the cost of employer sponsored insurance, now too expensive for some employees and their dependents, insure•a•kid has targeted the workplace in an effort to reach working parents. Using the theme, "Insuring Kids is Good Business," the initiative was launched at a press conference with support from the local chamber of commerce and area businesses.

insure•a•kid is a community-wide initiative, funded by a grant from the Michael and Susan Dell Foundation to The Seton Healthcare Network, which seeks to enroll more children in Central Texas for health insurance coverage. The program works in cooperation with the TexCare Partnership, the state's gateway program to CHIP and Medicaid. To reach its goal, the initiative has developed an extensive outreach and public education campaign that includes active partnerships with businesses and community organizations.

Commemorative Brands (CB), a manufacturer with more than 1,000 workers in the Austin-area, was one of the first companies to recognize the importance of the business initiative and joined in to educate its employees about children's health insurance options. insure•a•kid worked with CB to create a plan of action based on their individual business needs. The centerpiece of the plan was an on-site enrollment event conducted by insure•a•kid staff. Because manufacturing workers at the plant could not be taken off-line, several 15-minute informational sessions were held during breaks for employees to acquaint them with CHIP. Staff members offered individual meetings after each session to assist employees with applications and information. More than 200 applications were distributed at the event.

Other companies have used different approaches to educate their employees about CHIP. insure•a•kid tailors each business strategy to the needs of the company, based on the type of employees, work schedules, hours of operation, the capacity of the human resources staff, the insurance plans available to employees, and other factors.

If a company prefers to simply give employees general information about CHIP, all the materials are provided including posters, fliers, payroll stuffers, and applications. insure•a•kid can also arrange on-site enrollment events, similar to the one described above, and/or work with human resource managers to integrate CHIP information into their new hire process to ensure it becomes a routine part of HR activities. Making information easily accessible for employees is insure•a•kid's goal in helping businesses enroll the uninsured children of working parents.

These efforts have received an enthusiastic reception from many employees who are eager to learn about alternative health insurance options. Not only has the business initiative successfully reached working parents, it has also developed partnerships with key associations and businesses. These groups now recognize the importance of CHIP as a health insurance option and an employee benefit, and they are working to involve other member businesses, which in turn, will lead to more children getting the health care coverage they so urgently need.

Making information easily accessible to employees is insure•a•kid's goal in helping businesses enroll the uninsured children of working parents.

If you would like to learn more about insure•a•kid's business initiative, visit www.insureakid.org.

Call to Action!

Child advocates and policymakers across the country are working together to ensure all children have a Healthy Start by simplifying the CHIP and Medicaid enrollment process for families. While much has been done to make the procedure more family-friendly, states need to further improve outreach and the application process. Use the following checklist to see how your state is progressing in streamlining enrollment and redetermination procedures. For more specific information on your state's programs, go to www.childrensdefense.org/signthemuphealthy.

- **Does your state use a joint CHIP and Medicaid application?**
  As of July 1, 2000, 28 of the 32 states with a separate CHIP program use a joint application.
- **Is the application short, simple, and culturally inclusive?**
  Every state should provide an easy-to-understand application in the languages spoken in your community.
- **Has your state eliminated the face-to-face interview for CHIP and Medicaid?**
  The majority of states and the District of Columbia no longer require a face-to-face interview for their CHIP and Medicaid for children programs. Some states, however, are asking families to appear in person at a welfare or Medicaid office even though the program has a mail-in application and an interview is not required for enrollment.
- **Does your state allow self-declaration of income by the family with follow-up verification?**
  A small, but growing number of states allow families to "self-declare" their income in both their Medicaid for children and CHIP programs, eliminating the need for a family to provide documentation.
- **Has your state eliminated the asset test?**
  As of July 1, 2000, only eight states still require an asset test for their Medicaid for children program. Assets such as the value of a car or savings account should not be considered part of a family's income.
- **Has your state expanded outstations?**
  States can expand the use of Medicaid "outstations" to include settings other than certain hospitals and community health centers which are required by law. States may consider other locations that are frequently visited by targeted populations such as family support and school-linked service centers, churches, and child care programs.
- **Has your state adopted 12-month continuous eligibility?**
  The Balanced Budget Act of 1997 included a provision that gives states the option of enrolling children in Medicaid or CHIP for 12 months at a time, regardless of fluctuations in family income or assets.
- **Has your state adopted presumptive eligibility?**
  This state option enables children who appear income-eligible to enroll temporarily, but immediately, in Medicaid and receive services while the family completes the formal application process.
- **Has your state spent all of its 1998 allotment?**
  To find out the answer, check the state table on our Web site at www.childrensdefense.org/health_articles_98chipfund.
- **Ask your state agencies how they plan to spend their remaining Fiscal Year 1998 allotment funding to provide health insurance to uninsured children in your state.**
  Thirty-eight states and the District of Columbia have unspent funding from Fiscal Year 1998. The time limit to spend this funding has been extended through September 30, 2002. States with remaining FY 1998 funding can use 10 percent of the re-allotted 1998 funds for outreach, which is in addition to the initial 10 percent outreach provision. States that have spent all of their FY 1998 funding will receive an additional allotment from the unspent funding.
- **What can I do to help simplify enrollment in my state?**
  For information on how to get connected to coalitions currently working on simplification in your state, go to the Children's Defense Fund's Web site at www.childrensdefense.org/signthemuphealthy, and click on your state. Scroll down to the bottom of the page and click on "Spread the Word" to find names and contact information for advocates and policymakers working on CHIP and Medicaid in your state.

  For more information on how to reduce barriers to enrollment go to the Kaiser Family Foundation Web site at www.kff.org or the Center on Budget and Policy Priorities Web site at www.cbpp.org.

Source: The Center on Budget and Policy Priorities, "Making It Simple: Medicaid for Children and CHIP Income Eligibility Guidelines and Enrollment Procedures." (Prepared for The Kaiser Commission of Medicaid and the Uninsured) (Washington, D.C.: October 2000).

Healthy Ties:
Bringing Kinship Care Families Into the Health Care Circle

Across the country, grandparents and other relatives are unexpectedly becoming parents, raising more than two million children whose parents are struggling with substance abuse, illness, unemployment, divorce, domestic violence, and other family crises. While these kinship caregivers have stepped forward to take responsibility for children who might otherwise be channeled into the child welfare system, their parenting roles are not always recognized by government agencies, schools, or their communities, especially if they don't have legal custody or guardianship. As a result, grandparents and other relative caregivers are often unable to obtain certain benefits and services for their children, including health care through Medicaid and CHIP. Having access to quality health insurance coverage is especially important for children in kinship care families, many of whom have special health and mental health concerns stemming from their parent's problems. Children raised by kinship caregivers are also more likely to be uninsured than children who live with their parents.

To understand the barriers facing kinship care families applying for public health insurance and the best ways to eliminate them, CDF conducted a national survey exploring how states apply Medicaid and CHIP policies to kinship care families. The key findings from the survey are mixed:

Good News for Kinship Care Families

Every state and the District of Columbia allow grandparents and other relative caregivers to apply for Medicaid and CHIP on a child's behalf. In most cases, a child in a kinship care family will be eligible for Medicaid because the state only counts the child's income in determining eligibility. In all states, certain low-income grandparents and other relatives who are caring for Medicaid-eligible children may also qualify for Medicaid coverage.

Some State Policies Lag Behind

Unfortunately, several states still have restrictive policies that may delay, or even prevent, eligible children in kinship care families from getting the Medicaid and CHIP coverage they deserve. In particular, certain states:

- require kinship caregivers to obtain legal custody or guardianship in order to apply for coverage for a child;
- count the kinship caregiver's income in determining a child's eligibility for coverage, sometimes leaving a child without any options for health insurance;
- require the kinship caregiver to submit burdensome documentation to prove their blood relationship to the child for whom they are caring.

Some of the most successful and far-reaching children's health outreach initiatives overlook kinship care families. Most outreach campaigns only refer to "parents," leading many kinship caregivers to believe that they cannot apply for health coverage on a child's behalf.

CDF's survey reveals that while several states have initiated outreach projects specifically targeted at kinship care families, more must be done to reach out effectively to this growing, vulnerable population of children.

To learn more about the special needs of children raised by grandparents and other relative caregivers and ways to help improve their access to Medicaid and CHIP coverage, order a copy of CDF's survey report, available after June 1, 2001, by visiting www.childrensdefense.org *or by calling 202-662-3568.*

DID YOU KNOW?

Millions of children are being raised by grandparents or other relatives.

- 5.4 million American children live in homes headed by a grandparent or other relative.
- Between 1990 and 1998, the number of children raised solely by grandparents or other relatives grew by more than 50 percent.
- One in four or about 27 percent of children living in grandparent-maintained households, with or without parents present, live in poverty.
- In 1996, one in three children living in grandparent-maintained homes had no health insurance as compared to one in seven in the overall child population.

Sources: U.S. Census Bureau, Current Populations Reports (P-20-450), *Marital Status and Living Arrangements:* March 1990 (Washington, DC: May 1991). U.S. Census Bureau, Current Population Reports (P-20-514), *Marital Status and Living Arrangements:* March 1998 Update (Washington DC: October 1998). L.M. Casper & K.R. Bryson, "Co-Resident Grandparents and Their Grandchildren: Grandparent-Maintained Families." Population Division Working Series #26 (Washington, DC: 1998).

Culturally Sensitive Outreach in California

After spending years in the social service field in Orange County, California, it became clear to Nahla Kayali that the "one size fits all" approach wasn't working for the Muslim community. As a longtime, active member of this community, she founded Care "R" Us to fill the need for local and government assistance programs specifically targeted to the Muslim population. "It is very hard for Muslims to ask for help," explains Kayali. "They are very prideful and feel as if others are looking down on them if they get government assistance."

Kayali's culturally sensitive, community-based organization in Anaheim specifically targets outreach to Muslim, Arab, and South Asian communities, providing a bridge to vital health services. "It is very difficult for them to know where to access services and if they are aware of places to get assistance, they are often times too embarrassed to seek out help," says Kayali. "Many are unable to communicate comfortably in English and some also feel that others of non-Muslim faith do not understand their traditional clothing."

To address these concerns, Care "R" Us is reaching out to families in a familiar and trusted environment where they feel safe—Mosques. By setting up information tables at 30 Mosques across Orange County in Southern California, Care "R" Us hopes to reach most of the county's estimated 5,000 uninsured Muslim children and enroll them in Healthy Families, California's Children's Health Insurance Program (CHIP), and Medi-Cal, the state's Medicaid program. On Fridays, a religious day for Muslims, Certified Application Assistants (CAAs), who are trained by the state to help families fill out Healthy Families and MediCal applications, go to one of the 30 Mosques to provide information about these programs. The CAAs wear traditional dress and speak Arabic, Urdu, or Pahtoo, contributing to an environment respectful of Muslim culture and customs.

Kayali's culturally sensitive, community-based organization in Anaheim specifically targets outreach to Muslim, Arab, and South Asian communities, providing a bridge to vital health services.

In addition to weekly outreach, Care "R" Us holds events during Arabic festivals and Islamic holidays. In December, during the religious month of Ramadaan when families attend Mosque every night, Care "R" Us provided information about Healthy Families and Medi-Cal to an estimated 1,500 families. "In the month of December, we enrolled 150 children into health programs and got the word out to even more families," says Kayali.

Following an outreach event, Care "R" Us serves as a resource for families who ask for more information about Healthy Families or Medi-Cal. On average, four to six months pass between the time a Muslim family hears about the programs and actually begins the enrollment process. Care "R" Us takes steps to ensure families feel safe and are treated with respect when asking for assistance during this time.

The innovative, culturally sensitive outreach by Care "R" Us within the Muslim community is producing results. Since November 1998, an estimated 1,750 children have been enrolled in the Healthy Families and Medi-Cal program as a result. Ms. Kayali's understanding of the specific outreach needs of the Muslim population is key to her organization's success as she supports and empowers families to sign up their children for a *Healthy Start.*

For more information about Care "R" Us, contact Nahla Kayali at 1-800-287-1332. To share other innovative outreach endeavors, contact the Children's Defense Fund's Oakland office at 510-663-3224.

Keeping the Faith in Mississippi

The winter edition of "Sign Them Up" discussed the important role that places of worship can play in educating families about the Children's Health Insurance Program (CHIP) and Medicaid. As established and trusted networks within a local community, faith-based institutions are ideal portals for reaching eligible, uninsured children. In Jackson, Mississippi, collaboration among various faith institutions, child advocates, state agencies, policy experts, and state legislators is providing families with access to health care.

"The Mississippi Children's Health Matters coalition is a clear demonstration that the faith-based community, child advocates, state agencies, policy experts, and state legislators can come together to make a difference in children's health."

Rhea Bishop-Williams

Originally established to advocate for children's issues, the Mississippi Children's Health Matters Coalition has expanded to include CHIP and Medicaid outreach. Members developed a grassroots approach to outreach, soliciting the involvement of other advocates throughout the state who were already working on child health outreach.

Spearheaded by Sister Donna Gunn, coalition members include:

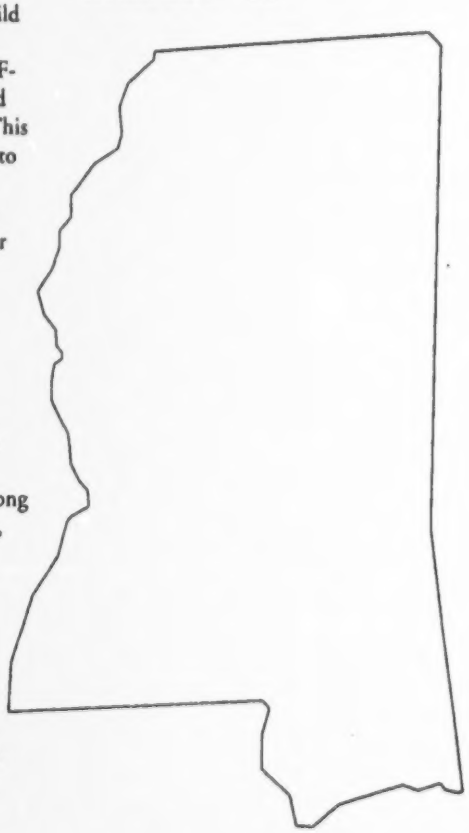
- Catholic Charities of Jackson, Mississippi
- Sisters of Mercy Mississippi Health Advocacy Program
- The Episcopal Diocese of Mississippi
- The state Chapter of the American Academy of Pediatrics
- Mississippi Primary Health Care
- Sacred Heart Missions
- The United Methodist Mississippi Conference

The group has concentrated on eliminating outreach duplications while identifying expansion areas. Learning about outreach efforts all across Mississippi was a key first step. To facilitate this process, the collaboration sponsored discussion sessions, which served to increase awareness about the number of uninsured and to bring about policy changes to more effectively reach these uninsured children. Educational materials were an important part of the sessions with local advocates playing a key role in creating them. "We wanted to develop targeted training materials and resources so that people at different levels could be provided with the information they needed," says Sister Donna.

As the coalition established itself, it took on a consultation role with the state Division of Medicaid to develop simplified application and renewal procedures. The group also works closely with other child health advocates, like the Children's Defense Fund's Mississippi office (CDF-MS) in developing a more efficient and coordinated child advocacy network. This innovative, collaborative strategy aims to bring together all community groups conducting state Medicaid and CHIP outreach to form one effective voice for children's healthcare coverage. To its credit, the coalition has consistently provided a safe environment for discussing difficult issues with the intention of improving Mississippi's children's health program.

Recently the group received a grant from the state to develop targeted outreach strategies. Using this grant along with other resources from its members, the coalition is in the process of launching a statewide campaign to educate families about CHIP and Medicaid. Each member of the coalition has responsibility for a different region of the state, providing the names of local contacts and establishing training and planning sessions in their selected region. The coalition has identified a set number of uninsured children in each county that every group is expected to reach. After a training session, workgroups will be asked to develop a plan outlining how they will reach uninsured children in their counties. "The Mississippi Children's Health Matters Coalition is a clear demonstration that the faith-based community, state agencies, child advocates, policy experts, and state legislators can come together to make a difference in children's health," exclaims Rhea Bishop-Williams of CDF-MS. With local media support, the coalition believes this targeted approach to outreach will be effective in spreading the word about CHIP and Medicaid to families all across the state.

For more information on the collaborative faith-based outreach efforts in Mississippi, contact Sister Donna Gunn at 601-355-8634.



NATIONAL NEWS:

The Prognosis for the Year Ahead

The year 2001 promises to be an interesting one for child health policy developments on Capitol Hill. With a new Congress and administration now at the helm in Washington, child health policy activity is expected to heat up both on the legislative and administrative fronts.

The White House and the Department of Health and Human Services will soon be deciding whether to allow two very important federal regulations, finalized by the Clinton administration, to go into effect. The first set will guide the implementation of the Children's Health Insurance Program (CHIP). The other set of regulations will give states a guide on how to implement Medicaid managed care. Both of these federal regulations will have important implications for children's health.

The CHIP regulations would direct states on such important issues as:

- limits on family cost-sharing obligations under CHIP;
- procedures for disenrollment of children when premium payments are unpaid;
- procedures states must follow when CHIP services are denied or terminated in managed care arrangements.

The Medicaid managed care regulations would provide important access to care protections for children with special health care needs and disabilities and procedural mechanisms to appeal denials of care. The Bush administration has delayed the effective dates of both regulations (which were to become effective in April 2001) by sixty days, pending an executive branch review of the regulations.

Congress this year will likely consider legislation to protect people enrolled in managed care, proposals to expand health insurance coverage to some of the uninsured, and proposals to improve access to care for children with disabilities.

The patient protections for individuals in managed care should allow a child's pediatrician to be his/her primary care provider. The protections should also ensure access to pediatric specialty care for children, ensure that children with chronic conditions can designate their specialists as their primary care providers, and require that, in grievance and appeals procedures, reviewers with pediatric expertise participate in the decisions about whether care is needed and appropriate.

The insurance expansion proposals most affecting children that the current Congress may debate include:

- giving states the option to cover legal immigrant children and pregnant women through CHIP and the Medicaid program (these children and women are currently barred from such coverage for five years after entry into the United States);
- expansion of CHIP to children in families with income up to 300 percent of the federal poverty level and to children ages 19 and 20;
- coverage of the uninsured parents of children in CHIP and Medicaid, and giving states the option to let families above the Medicaid eligibility level buy into Medicaid coverage for their disabled children to gain access to comprehensive services.

Also likely to be debated by the current Congress are proposals to give tax credits to the uninsured so they can purchase private market insurance coverage. If the majority of these proposals become law, the health and future of hundreds of thousands of children across the country would be dramatically improved.

Agricultural Protection Act of 2000: Putting Express Lane Eligibility Into Practice

Millions of uninsured children already enrolled in public programs such as Food Stamps, Head Start, the National School Lunch Program (NSLP), and the Women, Infants and Children (WIC) program also may be eligible for the Children's Health Insurance Program (CHIP) or Medicaid. On June 22, 2000, President Clinton signed the Agricultural Protection Act of 2000, providing states with an efficient and logical strategy for enrolling uninsured children who are already participating in other income-comparable, publicly-funded programs.

The Act contains a practical provision linking NSLP with CHIP and Medicaid outreach efforts. Under this legislation, states and school districts have the option of sharing school lunch information with CHIP and Medicaid for the purpose of identifying eligible children. As a means of determining eligibility, information may only be shared between the agency that operates the school lunch program and the state agency responsible for enrolling children in CHIP or Medicaid. All participating families must be notified that information may be shared between agencies and given the option to not disclose personal data.

Sources: The Center on Budget and Policy Priorities report, "Enrolling Children in Health Coverage: It Can Start With School Lunch," can be downloaded through Adobe Acrobat Reader at www.cbpp.org.

The Consumers Union, "A Golden Opportunity: Improving Children's Health Through California's Schools," is available by calling 415-431-6747 or at www.consumersunion.org.

Unspent Funds Mean Uninsured Children

As of September 30, 2000, the Children's Health Insurance Program (CHIP) had been in place for three years. At that point, 3.3 million children had been enrolled in CHIP, a groundbreaking, bipartisan program designed to provide all children with the health care they deserve. Yet today, more than six million children remain eligible for, but not enrolled in, either CHIP or Medicaid.

In the first year of the program, states were allotted $4.2 billion for Fiscal Year (FY) 1998. According to the rules set forth by Congress, states were given three years to spend the funding allotted for each fiscal year and were able to expend their FY 1998 funding through September 30, 2000. During this time, states spent $2.1 billion. However, an additional $2 billion allotted to states for the CHIP program in FY 1998 went unspent. Under the CHIP legislation, any unspent money was to be made available to states that had spent all of their allotment, in addition to their regular allotment, to spend the following fiscal year.

In December 2000, Congress passed the "Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000," which adjusted the funding formula for how the unspent 1998 funding would be re-allotted to the states. The 12 states that have spent all of their

CHIP money (Alaska, Indiana, Kentucky, Maine, Maryland, Massachusetts, Missouri, New York, North Carolina, Pennsylvania, Rhode Island, and South Carolina) will be able to access approximately 40 percent of the unspent funding.

The remaining 38 states and the District of Columbia, who failed to spend all of their FY 1998 funding, may access up to 60 percent of their unspent FY 1998 monies. To aid these states in enrolling more eligible children and enable them to spend their funds as intended, these states may use 10 percent of the remaining funding for outreach activities. This is in addition to other outreach and administrative funds available to states through the original CHIP legislation.

The 12 states that have spent all of their CHIP money (Alaska, Indiana, Kentucky, Maine, Maryland, Massachusetts, Missouri, New York, North Carolina, Pennsylvania, Rhode Island and South Carolina) will be able to access approximately 40 percent of the unspent funding.

Estimated Re-Allotments for Unspent Fiscal Year 1998 CHIP Funds

Total Unspent FY 1998 CHIP funds	**$2,033,508,296**
Re-allotted funds available to states that spent all of their FY 1998 funds	**$813,403,318**
Estimated funds available to states that did not spend all of their funds	**$1,220,104,978**
Estimated funds available for outreach activities to states that did not spend all of their money	**$122,000,000**

Future CDF Events and Publications

7th Annual Samuel DeWitt Proctor Institute for Child Advocacy Ministry
July 16-20, 2001
The former Alex Haley Farm – Clinton, TN
For more information, please call
202-662-3583 or e-mail
cdfreligiousaffairs@childrensdefense.org

Future Publications

The State of America's Children Yearbook 2001
Spring is a time of renewal. It's also the time when the Children's Defense Fund releases its annual report on America's children, giving us a chance to renew our commitment to children. The report includes the latest facts, figures, state data, and information about national trends on a variety of issues that affect children. *The State of America's Children Yearbook 2001* is now available for just $15.95. Order your copy of this indispensable resource by calling 202-662-3652.

Learn more about the special needs of children being raised by grandparents and other relative caregivers and ways to help improve their access to Medicaid and CHIP coverage. A new CDF survey report on this issue will be available after June 1, 2001. Order the report by calling 202-662-3568 or go to the CDF Web site at www.childrensdefense.org.

CDF's Child Health Implementation Project has new materials available for child care and faith-based organizations. The tools provide practical ideas on how to organize and conduct outreach activities within child care and faith-based settings. To receive a copy, e-mail CDFhealth@childrensdefense.org and ask for child care or faith-based "Sign Them Up" tools.

To join CDF's health listserv or to add the names of colleagues to the newsletter mailing list, please forward the following information to CDFhealth@childrensdefense.org.

- Name
- Agency
- Address
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- Fax
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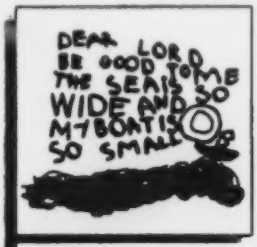
Them Up!

A Quarterly Newsletter about the Children's Health Insurance Program (CHIP)

Summer 2001



The Doctor Is In: Are Barriers to Access Keeping Children Out?

Roundin' Up the Uninsured in the Frontier States

Denali Kidcare: Renewal Made Easy

The Act to Leave No Child Behind

"Carefree" Adolescents: Most In Need of Health Care Services

Smile Alabama!

Resources and Reports

PS 030113

The Doctor Is In: Are Barriers to Access Keeping Children Out?

Unless you can make use of something, there's no real value in having it—especially when it comes to health care coverage. Health insurance status is the most important factor in determining whether or not a child has access to health care. Children who are insured have access to preventive care, acute care for short-term illnesses and injuries, and ongoing care for chronic illnesses like asthma or diabetes. Yet even for those with health insurance, other factors can make it difficult to utilize these services. Transportation, child care, and differences in the racial, ethnic, and cultural backgrounds of providers and patients present challenges to many families as they navigate the health care system.

According to the Merriam Webster Dictionary, "accessible" is defined as "capable of being used, seen or known." Health services are not necessarily accessible to the millions of children currently enrolled in the Children's Health Insurance Program (CHIP) or Medicaid simply because they possess an insurance card. This is evidenced by three key questions rooted in the definition of accessible: Is the insurance card **used**, can a physician be **seen**, and is the family a **known** member of a medical home?

Families new to the health care system need help understanding how to fully access services. Particularly vulnerable to misinformation and "red tape" are kinship caregivers, who are typically grandparents or elderly relatives raising their offspring's children or other kin. *(See Open Arms, www.childrensdefense.org/health-articles.htm)*

The Pennsylvania Health Law Project (PHLP) is a nationally recognized organization with expertise in accessing health care. PHLP assists families in learning how to use Health Choices, a Medicaid managed care plan and find appropriate physical and mental health services. Once families have learned how to use the health care system, they may also need help understanding why preventive health care is important for their children. Families often enroll their children in CHIP or Medicaid as a reaction to a child being sick or

(Continued on page 2)

PHOTO © ROB ALESBURY

The Doctor Is In: Are Barriers to Access Keeping Children Out?

(Continued from page 1)

injured. What they need to realize is that immunizations, regular check-ups, and management of chronic health conditions by a primary care provider are preventive steps that can help keep a child healthy. It is imperative that schools, child care centers, faith-based organizations, community health clinics, and state and municipal leaders become active participants in spreading the word.

Access to preventive care for the more than 20 million children enrolled in Medicaid and 3.3 million children enrolled in CHIP requires a large physician network. Without an adequate number of participating physicians spread throughout each state, transportation can become a problem for many families—especially those living in rural settings. Many of the Frontier states, like North and South Dakota, Wyoming, and Montana, face unique access issues. *(See Roundin' Up the Uninsured, page 3)* In addition, some states offer higher reimbursement rates to physicians for CHIP than for Medicaid. A 2000 survey of Fellows of the American Academy of Pediatrics found that 58 percent of surveyed pediatricians limited their participation in Medicaid because of low reimbursement rates. So in states like Alabama, where reimbursement rates for dental services have been boosted, provider participation has also increased, giving more children access to crucial dental care. *(See Smile Alabama! page 6)*

Many children enrolled in health insurance programs are not guaranteed a full calendar year of coverage by their state. According to a Kaiser Commission study, as of October 2000, only 13 states had adopted 12-month continuous eligibility for both CHIP and Medicaid. This feature guarantees enrollment regardless of changes in income or other family circumstances, thereby promoting retention and full access to health care services for children. It is important for states to make the renewal process simple and easy to understand. Many families are completely unaware that they have to periodically re-enroll. *(See chart at www.childrensdefense.org/health-articles.htm for state re-enrollment information)* For a six-month redetermination, families may receive the same application in the mail that they initially filled out to enroll in CHIP or Medicaid and could mistakenly disregard it. Consequently, their children may be dropped from the program.

When children enroll in health insurance programs and stay enrolled, the benefits are tremendous. In a recent study by the Children's Defense Fund – Greater Cincinnati Project of the effectiveness of CHIP outreach and enrollment practices in Hamilton County, Ohio, 43 percent of surveyed parents reported an increase in use of at least seven types of health care services after enrolling in CHIP. *(See Reports, page 7)* The greatest increase was in the use of, or access to, dental care with a 29 percent improvement rate followed by a 26 percent increase for vision care. But despite the good news, barriers to enrollment are far from being eliminated. The report also found that parents were reluctant to sign up their children for CHIP for fear of being stigmatized as "welfare recipients."

The rising cost of health care coverage is also a major concern to low-income working families who may have a difficult time paying out-of-pocket expenses such as co-pays, premiums, or prescriptions.

Children's utilization of health care services is dependent on their family's ability to obtain health insurance, understand the health care delivery system, and gain access to available services. Our nation faces a serious health care challenge—maintaining access to services for more than 23 million children now enrolled in Medicaid or CHIP, as well as finding and enrolling the nearly 11 million children who are uninsured but eligible for these programs. It is a challenge we must face together until all children have an insurance card, access to a physician, and are a known member of a medical home—until the revolving door of the health care system stops spinning.

DID YOU KNOW?

In South Dakota, grandparents and other relative caregivers (kinship care families) may apply for Medicaid or CHIP on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage, regardless of the caregiver's status as legal custodian or guardian. Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or lack of parental income) unless the child's parents live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caregivers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Source: Bissell, Mary, "Healthy Ties: Ensuring Health Coverage for Children Raised by Grandparents and other Relatives – A Look at Medicaid and CHIP Enrollment in the States," Children's Defense Fund, August 2001.

Roundin' Up the Uninsured in the Frontier States

In the four years since the implementation of the Children's Health Insurance Program (CHIP), much progress has been made in reaching out to families and enrolling eligible children for health care coverage. Yet millions of families in urban and rural areas continue to face access barriers which may be causing enrollment in this program to remain stagnant. On the front end, lengthy applications, face-to-face interviews, and unnecessary documentation requirements discourage many families from participating in these free or low-cost programs. Once enrolled, many families face challenges in identifying and accessing providers with whom they feel comfortable or who can provide them with the necessary services. Not being able to find a provider can cause some parents to decide against re-enrollment.

In the Frontier region of the United States, particularly in North and South Dakota, Montana, and Wyoming, families must deal with an additional challenge in accessing health coverage and services. The expansive land and sparse population of these Frontier states, sometimes served by a single health care provider, requires families to travel great distances for basic and specialty services. Just spreading the word about CHIP to eligible families in these states is difficult because of the long distances outreach workers must travel.

Brenda Fasthorse, an outreach coordinator at the Early Childhood Tracking Program, knows all too well the difficulties in trying to reach children who are eligible for Healthy Steps, North Dakota's Children's Health Insurance Program. "It's a challenge enrolling families in Healthy Steps because they feel that they can get the basic service necessary through the Indian Health Service (IHS)," said Fasthorse. The great distance between the Standing Rock Indian Reservation and most of the providers who accept Healthy Steps insurance also discourages families there from applying. But Brenda is concerned that many of these families will suffer significant financial burdens if a serious health crisis occurs that cannot be treated through the IHS.

Some families on the Reservation are tentative about using IHS because many of the doctors do not understand their culture and customs. The frequent rotation of physicians, lack of specialists, and limited medical equipment to properly diagnosis and treat patients with severe health problems is another concern to families and advocates trying to enroll children in CHIP.

The low-income eligibility level set by North Dakota for its CHIP and Medicaid programs complicates accessing services both on the Reservation and in other parts of the state. North Dakota, Montana, and Wyoming continue to rank at the bottom on the eligibility level chart. North Dakota only covers children at or below 140 percent of the Federal Poverty Level (FPL). On the Standing Rock Reservation, many working families who have transportation cannot enroll their children in CHIP or Medicaid because their income is slightly above the state's eligibility level. Conversely, other families who qualify for the program cannot effectively access services because they must travel over an hour to see a provider in Bismarck more than 75 miles away. For North Dakota residents, transportation is frequently a major barrier to utilizing health care services.

In recent months, South Dakota has taken steps to improve access to health care for more of its children. It increased the eligibility level for its CHIP program from 140 percent to 200 percent of the FPL. This single action significantly raised the number of children who are now eligible for free or low-cost health coverage. Local health advocates have also commended the state for simplifying its application process for CHIP and Medicaid. "Issuing a single health card for the Children's Health Insurance Plan and Medicaid will go a long way in helping to remove some of the stigma that has kept many families from enrolling in health coverage," said Mina Hall of the South Dakota Nurses Association.

Displaying a culture of strong frontier independence, many eligible families in this region of the country have refused to enroll their children in available health coverage for fear of being associated with free government programs. But by removing the distinction between CHIP and Medicaid, only the caseworker knows which program the family will be eligible for, greatly reducing the stigma commonly associated with public programs.

Neighboring frontier states can significantly improve children's health by following South Dakota's lead and increasing access to health care services to more of their children.

For more information about South Dakota's Children's Health Insurance Program, please contact Janet Lehmkuhl, Outreach Coordinator, by calling 605-773-4678.

DID YOU KNOW?

Compared with insured children, uninsured children are:

- Up to ten times less likely to have a regular health care provider
- Four times more likely to delay seeking care when it is needed
- Five times more likely to use the emergency room as a regular source of care
- Six times less likely to fill a prescription because of cost

Source: ACP-ASIM, 1999; Simpson et al., 1997; Newacheck et al., 1998; Simpson et al., 1997; Berk, Schur, and Cantor, 1995

Denali KidCare: Renewal Made Easy

Alaska's Denali KidCare program refers to its participating families as "customers," which gives you a good idea of how their families are treated. This is just one of the reasons why the CDF report, *All Over the Map*, ranked the state at the top of its list for increasing children's coverage through a combined Medicaid and Children's Health Insurance Program (CHIP) in FY 1999. Now in their continuing effort to stay at the forefront of outreach, enrollment, and retention, Alaska's Denali KidCare program is introducing an innovative simplification strategy—a pre-printed renewal form. "We knew our initial outreach for KidCare had been very successful, but we began to notice a high number of children being dropped from the program because they had failed to renew," said Deborah Smith, Denali KidCare Coordinator. In an effort to increase retention and promote the importance of continuous preventive health care for children, on May 15, 2001, Alaska adopted its pre-printed renewal form. "The pre-printed renewal should help make it easier for families to renew their coverage, seek health care earlier for their children, and continue treatment without a gap in service," explained Smith.

On the 15th of the month prior to expiration of coverage, participants in Denali KidCare receive a renewal notice in the mail. "Renewal notice" is boldly marked on the front of the pre-printed form so that families realize they are not being asked to fill out the same initial application for coverage. The notice clearly states, "In order to assure that there is no break in your Denali KidCare coverage, the completed renewal form and required verifications must be received in the Denali KidCare Office by the 5th day of the month your coverage ends." Necessary changes are made to the pre-printed form; income documentation and child care expenses are attached; and the form is signed and returned in the envelope provided—renewal made easy.

Important considerations in the design of the form included:

- A clear, concise message with visual prompting to ensure accurate completion of the application
- Graphic design consistency including the Denali KidCare logo
- Ease of completion with minimal customer effort
- Collaboration with the U.S. Postal Service, Alaska's Division of Public Assistance, Division of Medical Services, and state Eligibility Information System programmers
- Focus groups with KidCare customers

Alaska's Division of Public Assistance, the agency that handles Temporary Assistance to Needy Families, Food Stamps, and Medicaid eligibility for families, will be using the pre-printed renewal form as a prototype for developing additional pre-printed forms for use in other public assistance programs.

The current Denali KidCare renewal form is available at www.hss.state. ak.us/dma/renewal.htm

The pre-printed renewal form will be available at the above site address when it is posted on the Web.

For more information on Alaska's innovative outreach efforts, contact Deborah Smith, Denali KidCare Coordinator, State of Alaska, by calling (907) 465-1696 or e-mail her at deborah_smith@health.state.ak.us.

Join the Movement to Leave No Child Behind®!

On May 23rd, Marian Wright Edelman, founder and president of the Children's Defense Fund, joined lead sponsors, Senator Chris Dodd (D-CT) and Congressman George Miller (D-CA), as they introduced in Congress, in front of hundreds of cheering supporters, the Act to Leave No Child Behind. Working with a range of child advocacy networks and members of Congress, CDF has designed this comprehensive national policy vision to extend the American dream of our forefathers and foremothers to every child and family. This bill will move our nation closer to CDF's goal and mission—to Leave No Child Behind®.

The Act gives the President, Congress, and all Americans the opportunity to accomplish the following:

- Ensure every child and his/her parents have health insurance
- Simplify the health insurance enrollment process
- Lift every child from poverty – half by 2004, all by 2010
- End child hunger through the expansion of food programs
- Ensure families leaving welfare have the supports needed to be successful in the workplace

PHOTO © REX BEISNER/CDF

The Children's Defense Fund is spearheading a major nationwide grassroots mobilization effort to ensure that the provisions of the Act to Leave No Child Behind become law. Please visit our Web site at www.childrensdefense.org and click on "Campaign to Leave No Child Behind." There, you will find information about the movement and recent activities, as well as ways to get involved. For additional information about the Campaign, call 1-800-CDF-1200.

"Carefree" Adolescents: Most in Need of Health Care Services

According to the U.S. Bureau of the Census, approximately one out of every six teens ages 15 to 18 lacks health care coverage. Compared to teens with insurance, uninsured teens are five times more likely to be without a regular source of care, four times more likely to have unmet health needs, and twice as likely to not have annual contact with a physician. Teens engage in more risky behaviors, including alcohol and drug use, cigarette smoking, and sexual activity, than any other age group. Although these risky behaviors can jeopardize their health, teens have the lowest rates of access to, and use of, health care services.[1]

PHOTO © CYNTHIA KIRKLAND

One increasingly trusted and efficient way of reaching and providing health care to adolescents is through school-based health centers (SBHCs). Many of the barriers that typically preclude adolescents from accessing health services are eliminated by SBHCs. Because these centers are usually located in schools, transportation is not a problem, and students frequently develop close relationships with SBHC providers, allowing them to feel more comfortable about regular health care visits and screenings.

Schools are also a trusted place for parents to go for information concerning their children. Parents can build relationships with teachers and school administrators, which can facilitate open dialogue on a variety of issues. Because parents attend school-sponsored activities, there are numerous opportunities to make them aware of health insurance options for their children.

School-based health centers are increasingly becoming a "default" primary care provider for uninsured and underinsured children and adolescents. They offer everything from physicals to vision and hearing screenings, to immunizations, treatment of acute illnesses, preventive screenings (including dental exams), and prescription services. Mental health services include crisis intervention, comprehensive evaluation and treatment, substance abuse counseling, and group counseling. Several national and local studies have confirmed that the utilization rate for adolescents who access SBHCs is greater than the national utilization rate for all adolescents. In terms of professional standards, NASBHC reports that 73 percent of health centers who responded to their survey use Medicaid's Early, Periodic Screening, Diagnosis and Treatment (EPSDT) as their clinical health care standard for providing services.

The teen years are difficult enough. But SBHCs can help alleviate some of the anxiety adolescents feel about their changing bodies and provide trusted health professionals who can answer their questions.

States having the greatest number of SBHCs include Arizona (79), California (63), Connecticut (51), Florida (50), Maryland (42), New York (154), North Carolina (40), and Texas (69)[2]. As additional SBHCs are created, more and more teens will be able to receive the health care they so urgently require—conveniently, comfortably, and even confidentially.

Last year, the National Assembly on School-Based Health Care (NASBHC) noted that:

- 56% of SBHCs were located in urban schools
- 30% were in rural schools
- 14% were in suburban schools
- 30% were in elementary schools
- 41% were in high schools

SBHCs serve a sizeable percentage of minorities—during the 1998-99 school year:

- 29% of the students served were African American
- 26% were Hispanic
- 4% were Native American

Communities in Schools, a nonprofit organization in California, has joined with Consumers Union to launch two on-site pilot projects focusing on educating teens and providing access to health care. The first project at Richmond High School in San Francisco has students who have been trained in community organizing, public relations, and the logistics of Medi-Cal and Healthy Families, serving as peer educators. They have developed and implemented an outreach campaign to educate fellow students about health insurance. The second project, at a middle school in San Francisco, has a community liaison who contacts students' families, informs them of all available health programs, and assists them with enrollment in Medi-Cal or Healthy Families. The liaison also provides information about the benefits of health insurance and follows up with parents once their children are enrolled to ensure that they stay enrolled. School-based efforts like these are essential in order to provide regular health services to our country's adolescents, who are most at risk and most likely without care.

For more information on other school-based outreach efforts, visit www.consumersunion.org/health/i-children.htm

[1] *The State of America's Children Yearbook 2001*, Children's Defense Fund, Washington, D.C., March 2001.

[2] *Creating Access to Care for Children and Youth, School-Based Health Center Census 1998-1999*, National Assembly on School-Based Health Care, Washington, D.C., June 2000.

"Smile Alabama!"

Taking a bite out of barriers to dental care. That's what Alabama is doing by increasing access to dental care services through a new innovative program called "Smile Alabama!" Since Governor Don Siegelman announced the Alabama Medicaid Agency's new dental initiative last October, the agency has added more than 45 new dentists to its roster of professionals who treat children enrolled in Medicaid, and 60 other dentists have inquired about participating. This is a giant step toward improving access.

PHOTO © OLSO PHOTOGRAPHY

A major goal of Smile Alabama! is to increase the number of dental providers participating in the Medicaid program. The first step toward fulfilling this goal came last fall when Medicaid's reimbursement rate for dental care was increased, bringing it up to the same level as the state's largest insurer, Blue Cross/Blue Shield.

A major goal of Smile Alabama! is to increase the number of dental providers participating in the Medicaid program. The first step toward fulfilling this goal came last fall when Medicaid's reimbursement rate for dental care was increased, bringing it up to the same level as the state's largest insurer.

While increasing reimbursement rates was a major step in the state's efforts to retain and recruit dentists, the agency is also conducting one-on-one visits with dentists to clearly define provider concerns and issues. A series of regional meetings was held in March to provide additional information about Smile Alabama! and Medicaid's dental program. The meetings were a result of public and private funding from the Robert Wood Johnson Foundation and matching funds provided by initiative partners, including Alabama Power Foundation, Inc., Alabama Department of Public Health, and the University of Alabama at Birmingham. Additional regional workshops are planned for the fall.

A unique feature of the dental initiative is that it targets both providers and consumers. The project engages providers through face-to-face recruitment visits, offering dental offices case management training to address patient "no-show" problems. If dental office workers are trained to talk with families about the importance of regular dental visits for their children, offices will have fewer cancellations and children will have healthier teeth. Smile Alabama! stresses patient education with an emphasis on the importance of prevention.

Providers Outreach Objectives:

- Increase the number of patients accessing appropriate dental services
- Expand the number of providers who accept Medicaid
- Increase the number of providers who participate in the early education of Medicaid-eligible dental patients

Consumer Outreach Objectives:

- Educate families about the importance of making and keeping dental appointments for their children
- Familiarize families and children with what to expect during a dental visit
- Discuss and practice basic preventive at-home dental care

Through Smile Alabama! the state is committed "to ensure every child in Alabama enjoys optimal health by providing equal and timely access to quality, comprehensive oral health care, emphasizing prevention and promoting the total well-being of the child." Governor Siegelman has earmarked $2 million in new state funds for the Alabama Medicaid Dental Program for a total of $6.5 million for dental rate increases. Additional support is being sought to ensure the success and longevity of this proactive initiative.

For more information on Smile Alabama!, go to their Web site at www.medicaid.state.al.us/Dental/dental.htm.

More than 1 in 3 poor children ages 2 to 17 had not seen a dentist in the past year, and poor children were more than twice as likely to have untreated cavities as non-poor children.

Source: NHIS (1998) as reported in Heath U.S. 2000, table 80; NHANES 1988-94, as reported in Health U.S. 2000, table

Reports From Across the Country

The following articles and reports provide information on access to health care for children:

Children's Defense Fund

Accessing Health Services: Moving Beyond Enrollment

This report examines the value to families of enrolling their eligible children in a health insurance program and the importance of accessing health services once enrolled. It includes tools for reaching out to families and signing up their children for CHIP and Medicaid, as well as resources for helping families navigate the health care system.
The report is available at www.childrensdefense.org/health-publications.htm.

Children's Defense Fund – Greater Cincinnati Project

CHIP Under the Microscope: An Evaluation of the Effectiveness of CHIP Outreach and Enrollment Practices in Hamilton County, Ohio

This report outlines Children's Health Insurance Program outreach and enrollment in Hamilton County from August 1998 through September 1999. It details successful practices and recommends improvements to ensure that children receive access to health care services.
The report can be downloaded at www.cdfcinti.org/microscope.pdf.

The Kaisar Commission on Medicaid and the Uninsured

Access to Care for S-CHIP Adolescents

This brief examines access to care for adolescents in five states—California, Connecticut, Utah, Maryland, and Missouri. Sections of the report focus on adolescent health needs, provider network availability, service coverage and access to primary care, dental care, mental health services, and overall access issues such as confidentiality and cost-sharing.
This issue brief is available on The Henry J. Kaiser Family Foundation Web site at www.kff.org/content/2001/2243/

Institute of Medicaid and National Research Council

America's Children: Health Insurance and Access to Care

This report explores the importance of children's access to health care, the financial and non-financial barriers that lead to unmet medical needs, and the implications of untreated illnesses and injuries to children.
This report is available from the National Academy Press (NAP) by calling 1-800-624-6242 or by visiting the NAP Web site at www.nap.edu.

The Commonwealth Fund

State Experiences with Access Issues under Children's Health Insurance Expansions

This report explores how the design and administration of state incremental insurance expansions affect access to health insurance coverage and health care services. The study states include California, Colorado, Florida, Massachusetts, New York, and Washington.
The field report is available by calling 1-888-777-2744, publication #384, or through the Fund's Web site at www.cmwf.org.

Families USA

Presumptive Eligibility for Children in Medicaid and the State Children's Health Insurance Program (CHIP): A Fact Sheet

This brief defines presumptive eligibility, explains how it works, and why it is important for children. It also outlines the states that have already adopted presumptive eligibility.
This brief can be downloaded at www.familiesusa.org/media/pdf/pefactsheet.pdf.

Department of Health and Human Services (DHHS)

Healthy Children are Ready to Learn: Promoting Health Insurance for Your Students

Schools are in a position to help spread the word about Medicaid and the Children's Health Insurance Program and this new tool will assist them. This guide identifies how schools, together with other state and local agencies, and community organizations, can tell families about the opportunity for health coverage and assist them in enrolling their children.
To request a copy of the guide, go to the information center online at www.ask.hrsa.gov/ *or call HRSA toll free at 1-888-ASK-HRSA.*

On-Line Resources

The following on-line sites provide specific information concerning a wide range of access-related topics.

Pennsylvania Health Law Project (PHLP)

www.phlp.org/education.html
PHLP is a nationally recognized expert on access to health care for low-income consumers, the elderly, and persons with disabilities. Their Web site outlines how to access health services once a health plan has been chosen, including how to pick a primary care practitioner and obtain a referral to see a specialist. While material on the site is specific for Pennsylvania, the content holds true in many other states.

Children's Dental Health Project (CDHP)

www.childent.org
A policy research organization dedicated to improving children's oral health and increasing access to dental care. Affiliated with the American Academy of Pediatric Dentistry and the American Academy of Pediatrics, CDHP provides technical assistance and information services to policy makers, health care providers, and families.

AHEC/Community Partners

www.ahecpartners.org/hca/
AHEC/Community Partners coordinates two statewide access initiatives in Massachusetts, which promote community-based outreach to expand health care access – Health Access Networks and Moving Beyond Enrollment (MBE). MBE assists individuals and households in connecting to a health care provider for medical services.

Health Resources and Services Administration (HRSA)

www.hrsa.gov
HRSA funds and coordinates a wide range of projects including rural health access, outreach and enrollment partnerships, and community access and medical home programs. The following are links to these projects:
Outreach and Enrollment grants:
www.bphc.hrsa.gov/osnp
Community Access Program grants:
www.bphc.hrsa.gov/cap/
Medical Home Programs:
www.mchb.hrsa.gov/html/medicalhome.html

Future Publications

New CDF Outreach Tools

CDF has produced three new brochures to help faith-based organizations, municipal leaders, and child care providers become involved in children's health insurance outreach. These tools provide practical ideas on how to organize and conduct outreach activities within these settings. To request copies of the **"Sign Them Up!"** brochures, send an e-mail to CDFhealth@childrensdefense.org.

- Name
- Agency
- Address
- Phone
- Fax
- E-mail address

To learn more about innovative outreach, enrollment, and access, go to www.childrensdefense.org/health-chip.htm and click on "What is Working" and "Articles and Reports."

To join CDF's health listserv or to add the names of colleagues to the newsletter mailing list, please forward the following information to CDFhealth@childrensdefense.org.

We are interested in your feedback! Tell us what you think of this newsletter. How and when have you used the information? E-mail us with your comments and suggestions at cdfhealth@childrensdefense.org

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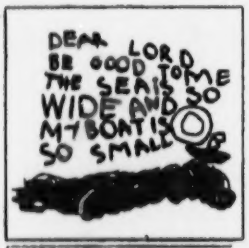
Sign Them Up!

A Quarterly Newsletter about the Children's Health Insurance Program (CHIP)

Fall 2001



Children's Defense Fund ®

Less Red Tape Equals More Healthy Children

Did You Know? You Take the Credit!

Badgering Officials to Simplify Enrollment

A Shining Success in the Lone Star State

Serving Up Health Care in Arizona

National News

Reports From Across the Country

Future CDF Events and Publications

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Less Red Tape Equals More Healthy Children

Providing access to health care for children is the central goal of Medicaid and the Children's Health Insurance Program (CHIP). States continue to work toward this goal by searching for effective ways of reaching and informing working families about free or low-cost health insurance for their children. However, states should do more. They need to simplify the enrollment process so that families aren't burdened with excessive paperwork and unreasonable verification documents as they undergo the sometimes arduous task of trying to get health care for their children. Children in one family should be able to see the same doctor. Once enrolled, children should be covered for 12 continuous months. State policies and practices that push sick children into crowded emergency rooms instead of striving to provide them with comprehensive health care and a medical home need to be changed.

A growing number of states have embraced simplifications for enrolling children in CHIP and Medicaid. Three states, Arizona, Texas, and Wisconsin, have made important strides in streamlining these programs over the course of their 2001 legislative sessions and are highlighted in this edition of *Sign Them Up*.

Prior to its 2001 legislative session, Arizona ranked 51st in the percentage (25.4%) of uninsured children with 367,000 children lacking health insurance, according to *Children in the States 2001* (1997-1999 average). As of September 30, 2000, Arizona had not spent $78.6 million of its 1998 federal funds for CHIP and had to return $27.8 million, which is being redistributed to states that have exhausted their funds. Advocates in Arizona developed a public education strategy outlining comprehensive information about the condition of children in their state, which included key facts such as those listed above. They knew that accurate,

(Continued on page 2)

PHOTO © CLEO FREELANCE PHOTOGRAPHY

Less Red Tape Equals More Healthy Children

(Continued from page 1)

gloomy data related to children would get the attention of state officials and help them realize that it's time to do better by their state's youngest citizens—and Arizona has done just that. Support from the Governor, strong coalition voices, and effective media coverage are a few of the key ingredients in Arizona's recipe for change. *(See "Serving Up Health Care in Arizona," page 5)*

With 1.4 million children uninsured in Texas, the Texas CHIP coalition had a huge cheering section behind them as they set out in 1999 to establish a Children's Health Insurance Program. With that success under their belt, advocates in Texas turned their attention towards simplifying their Medicaid program to create a more seamless system with CHIP. A public education strategy, including focus groups, a research report, and an outline of policy alternatives for decision-makers has garnered key legislative changes in the Lone Star State. *(See "A Shining Success in the Lone Star State," page 4)*

"Coming on the heels of Wisconsin's big win in the Rose Bowl, this approval marks two big victories for Wisconsin in one month," said former Health and Human Services Secretary, Donna Shalala, on January 22, 1999. The approval marked the expansion of the second phase of Wisconsin's CHIP plan, BadgerCare. Children and families continue to "win big" in Wisconsin as advocates, health care professionals, and legislators work together to coordinate key simplifications in Medicaid and BadgerCare. *(See "Badgering Officials to Simplify Enrollment," page 3)*

It's time to eliminate the unfair practice of establishing two sets of standards for the same product—health care. It's time for each state to invest in its children's health by using all available resources, instead of returning valuable funding. It's time to streamline children's health insurance programs.

In the words of CDF's President, Marian Wright Edelman, "It's time for a profound culture change among state and local governments—and all of us—if children are to thrive and working parents are to become self-sufficient. Every governor needs to lead this culture change and show that states can and will more efficiently help their own children from being left behind." Ensuring easier access to health care for all families and children is a most logical starting point.

DID YOU KNOW?
You Take the Credit!

Many working families who are eligible for the Earned Income Tax Credit (EIC) and/or the Child Tax Credit do not claim them because they are unaware that these credits exist and/or unfamiliar with how to fill out tax forms. As a result, they miss out on a substantial increase in income, tax relief, and in some cases, an alternative to welfare. These tax credits benefit low- and moderate-income working families, providing EIC eligibility for families with incomes too low to pay taxes and the Child Tax Credit eligibility for larger families with higher, taxable incomes. Listed below are some important facts families should know about these tax credits:

- Families with earnings of $10,000 or more, who have tax liabilities, may receive up to $600 per child through the Child Tax Credit.
- Workers raising one child, with a family income of less than $27,413 in 2001, may receive an EIC of up to $2,353.
- Workers raising more than one child, with a family income of less than $31,152 in 2001, may be eligible for an EIC of up to $3,888.
- "Qualifying children" for EIC include:
  - ✓ children under age 19, or full-time students under age 24
  - ✓ sons, daughters, stepchildren, grandchildren being raised by grandparents, and disabled children
  - ✓ adopted children living with the worker for more than half of the year
  - ✓ foster children living with the worker for an entire year or placed by an authorized government or private agency
- Claiming the Child Tax Credit or EIC will not affect the receipt of cash benefits.
- To claim the EIC, families must file either Form 1040 or 1040A (not 1040EZ) and Schedule EIC tax forms and submit a correct name or social security number for every person listed on the forms.
- Families don't have to calculate their own EIC; they can leave it for the IRS to complete or, if they are low-income workers, get free help filing their tax forms at VITA (Volunteer Income Tax Assistance) sites.
- Many legal immigrants can receive EIC if they meet certain eligibility requirements.

For information about other eligibility requirements for EIC and the Child Tax Credit, call 1-800-TAX-1040 or visit www.irs.ustreas.gov or www.cbpp.org. For a list of VITA sites in your area, go to http://www.childrensdefense.org/fair-start-tax-policy.htm or contact your local IRS office's Taxpayer Education Coordinator.

Resources: Weinstein, Deborah, "Bearing Good Tidings: You Can Help Families to Claim Thousands of Dollars in Tax Refunds Owed to Them," Children's Defense Fund, July 2001. This resource can be downloaded at http://www.childrensdefense.org/fair-start-tax-policy.htm *or call 202-662-3542 to request a hard copy.*

The Earned Income Credit Campaign 2001 Outreach Kit, The Center on Budget and Policy Priorities, Washington, D.C., December 2000.

Badgering Officials to Simplify Enrollment

Wisconsin is generally viewed as an innovator in providing access to health care for children and parents—particularly because of the state's successful family-based program, "BadgerCare." Yet the state has lagged behind many others when it comes to simplifying Medicaid and Children's Health Insurance Program (CHIP) enrollment.

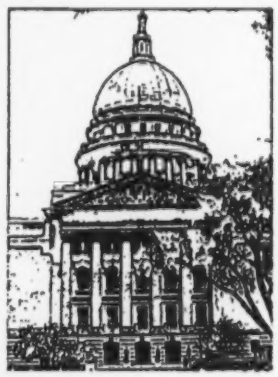
In an effort to catch up, Wisconsin has made important advances in improving its enrollment process, including:

- increasing outstation application sites
- using a short, mail-in application form
- accepting self-declaration of income
- eliminating the assets test and face-to-face interviews for Medicaid
- extending Medicaid reviews to one year
- establishing a unit to troubleshoot problems in Milwaukee County

These changes were the result of several years of work by advocates, health care professionals, legislators and bureaucrats. We will refer to these efforts as a "strategy," although that term suggests a bit more planning and coordination than actually occurred.

Key elements of the strategy:

- **Legislative pressure** – In 1999, the Wisconsin Council on Children and Families (WCCF) worked with legislators on a five-part agenda for improving Medicaid outreach and simplifying enrollment (including several of the recent changes). Although all five pieces were incorporated into the budget bill, the Governor subsequently vetoed them. Nevertheless, that legislative push put pressure on the executive branch to address the issues, and continued monitoring by legislators and advocates kept the pressure on.
- **Improved communication among advocates and health care professionals** – The 1999 legislative agenda failed in part because there wasn't a broad, coordinated effort to ensure its passage. Since that time, several developments have significantly improved communication and coordination among advocates as well as between advocates and health care professionals. These include the Covering Kids forums, meetings of local groups working on outreach and enrollment issues, and the development of widely disseminated e-newsletters by WCCF, ABC for Health, and the Children's Health Alliance.



- **Improved communication with administrators** – State and local bureaucrats in Wisconsin have generally shared the goal of improving health care access. The challenge has typically been to overcome bureaucratic inertia and make sure that agency officials understand program glitches. The Covering Kids initiative has helped open communication channels with state officials, as have two advocacy agencies in Milwaukee—Community Advocates and Legal Action of Wisconsin (LAW). Another significant advance was the formation of an advisory committee in Milwaukee, bringing together state and local health department representatives, school representatives, health care providers, and advocates to develop strategies for increased enrollment, and improved access and problem solving in the Medicaid/BadgerCare program. Having a direct line of communication to state and county officials resulted in some very practical and positive programmatic changes. Particularly helpful were the case examples brought forward by LAW, illustrating the systemic problems discussed at the meetings.
- **Federal leverage** – Advocates and officials in Washington, including Representative Tom Barrett (D-WI), deserve much of the credit for a couple of the recent changes. In August 2000, the Centers for Medicare and Medicaid Services, formerly HCFA, adopted guidelines conditioning CHIP waivers upon meeting minimum standards for improving children's health care access. These waivers were critical when Wisconsin sought to use CHIP funds for parents enrolled in BadgerCare. In the closing days of the Clinton Administration, Rep. Barrett helped broker a waiver agreement between the state and HCFA. The agreement made the enhanced federal funding contingent upon elimination of the Medicaid assets test and implementation of a simplified, mail-in application form. Unfortunately, this sort of federal leverage may soon be a thing of the past. Recent changes in waiver policy will give states broader latitude in using federal funds without having to meet the type of minimum standards included in the Wisconsin waiver.

We all know that change can be difficult, so to speed up and improve the process, a good working relationship with state and county officials is especially useful. Ultimately, six of the eight recent enrollment improvements in Wisconsin were accomplished administratively, not legislatively. The cooperation of state and local administrators will continue to be critical as advocates turn to the next areas of concern: outreach and retention.

Successful advocacy typically requires organization, persistence, and being poised to take advantage of any window of opportunity. Unfortunately, one such window—opened for us by the former CHIP waiver policies—may be closing all too rapidly.

Jon Peacock and Shirin Cabraal wrote this article. For more information about how Medicaid enrollment was improved in Wisconsin, contact Jon Peacock, Wisconsin Council on Children and Families by emailing him at jpeacock@wccf.org.

A Shining Success in the Lone Star State

With 1.4 million uninsured children—25 percent of Texas children—the state had a long way to go in ensuring that they could all have access to health care coverage. But the job was made a little easier in 1999, when the Texas CHIP Coalition, a broad-based group of 72 statewide organizations representing the provider, consumer, education, and faith communities, successfully gained passage of a strong Children's Health Insurance Program (CHIP). Covering children in families below 200 percent of the federal poverty level with a comprehensive benefits package, Texas' CHIP has now enrolled 439,000 eligible children—more than the target of 423,000—in the 15 months since it was launched. The primary reason for this impressive achievement was the decision by key legislators and advocates in 1999 to pursue a CHIP program separate from Medicaid. The idea was to design the new program as a model, successfully implement it, and then work to modify Medicaid to parallel those areas that worked well. The need was significant—of the 1.4 million uninsured children, at least 600,000 fell within the Medicaid eligibility income guidelines. CHIP would do nothing to help them.

COURTESY OF THE STATE PRESERVATION BOARD. PHOTO © GRIFF SMITH

The design elements that accounted for the greatest enrollment success in CHIP involved differentiating the sign-up process from the state welfare bureaucracy, where Medicaid has languished. Elements included:

- an attractive and simple two-page application requiring minimal income documentation
- eliminating the asset test
- the ability to apply by phone or mail without any appointments
- 12-month continuous eligibility for all enrollees

In other words, the program was designed to meet the needs of working families—something Medicaid in Texas failed to do. "Our experience with the CHIP process more than proves that Texas families want health insurance for their children. We just have to make it available in ways that do not conflict with their work or their self respect," said Anne Dunkelberg, Senior Policy Analyst at the Center for Public Policy Priorities in Austin.

From the moment implementation of CHIP began in the summer of 1999, the benefits and perils of providing health coverage were realized. While CHIP was designed to be simple, the necessary tie to Medicaid made the system incredibly confusing. For example, families between 100 and 133 percent of poverty with younger and older children would have to apply to both CHIP and Medicaid, since the programs split coverage at age 6 for this income category. Often families were sent from CHIP to the Medicaid office to repeat the entire sign-up process once their true income or assets were determined. Not surprisingly, of the 195,893 families referred to Medicaid by the CHIP program to date, 54 percent never completed the enrollment process and another 11 percent ended up in CHIP, where they had originally started, after being sent to Medicaid. That is called being given "the run around." Sandy, the mother of three children, was sent to CHIP, then to Medicaid and finally back to CHIP. "Medicaid is a very tedious process. It felt like they didn't want us to get Medicaid." But with CHIP: "It's very basic and easy to fill out. We just mailed it in and got a letter back that we were eligible—and that was it. We didn't have to go in with documentation. It was just unbelievable."

The CHIP Coalition formed the Medicaid Simplification Work Group to initiate a campaign to educate the public and garner support for bringing Medicaid in line with CHIP during the next legislative session, which was scheduled for January 2001. Funding in the amount of $120,000 was secured to support a two-pronged education strategy, which included a research report based on focus groups throughout the state of parents with uninsured children, as well as policy alternatives for decision-makers. The second part of the strategy consisted of a 12-minute video telling the real stories of two families who had been in both Medicaid and CHIP. It was accompanied by a call to action to support simplifying Medicaid eligibility requirements by modeling them after CHIP.

More than 2,000 copies of the report, "Every Child Equal: What Texas Parents Want from Children's Medicaid," were distributed along with 1,200 copies of the video to all legislators and hundreds of community groups throughout Texas.

The issue was framed from several angles. Emphasis was placed on:

- who the Medicaid-eligible families are—where they work, types of jobs, hourly wages;
- the benefits of making sure that all children have access to early preventive services;
- the equity or fairness issue centered on why the state would have one simple enrollment process for higher income children and a different, more difficult set of procedures for the poorest children.

These issues cut across partisan and philosophical lines and got enormous editorial endorsements from newspapers, as well as popular support from communities throughout the state. In spite of the state's looming budget shortfall, advocates were able to get almost 80 percent of what they had worked for.

Face-to-face interviews were replaced with phone and mail-in applications; the CHIP application now will be used for Medicaid children; assets were not completely

(Continued on page 7)

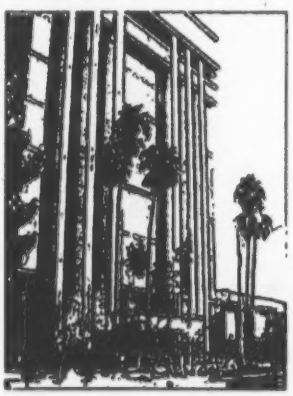
Serving Up Health Care in Arizona

Our nation's schools were designed to meet the educational needs of children—children who are healthy and thereby better prepared to learn. Therefore, schools are a natural setting for reaching families with information about health care coverage.

As of the 2001 legislative session, KidCare, Arizona's CHIP program, remained one of the few in the country that did not utilize public schools for child health outreach. Partly to blame was wording in the original KidCare legislation, which created apprehension among public school officials about using school facilities for KidCare outreach. "For the past few years, some schools have been confused as to what outreach activities they were allowed to perform," said Carol Kamin, Executive Director of Children's Action Alliance.

Child advocates, who viewed this policy as one of the most pervasive barriers to increasing enrollment of eligible children, knew that if they were going to bring about legislative changes, they would need to raise the public's concern about the conditions of children in their state. By developing collaborations with business and faith leaders, and progressive political leaders, advocates were able to form coalitions that convinced policymakers to improve or expand a myriad of services for children and families during the last legislative session. Angela Rodgers, Program Associate for Children's Action Alliance, credited key legislators in drafting and passing the bill, which now gives schools the green light to participate in KidCare outreach. She also acknowledged the strong backing from Governor Jane Dee Hull's Office, which contributed significantly to the bargaining power needed to convince legislators to get on board and back other child health-related initiatives.

Along with making schools more complete partners in the effort to educate families about free and low-cost health insurance, several other important changes to boost enrollment were achieved. Recent legislation signed by the Governor reduced the time period for uninsured children waiting to qualify for KidCare from six to three months. In addition, program benefits were expanded to include more behavioral health treatment, increased vision services, and non-emergency transportation. Child advocates also celebrated the successful passage of Proposition 204, a ballot initiative that expands eligibility for health insurance to all Arizonans with incomes below the federal poverty level ($17,650 for a family of four) through Arizona Health Care Cost Containment Systems (AHCCCS), the state's Medicaid agency.

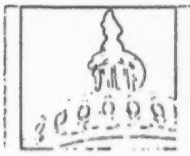


An effective public education campaign about the issues was key to winning the desired policy changes. Advocates provided explanations of complex legislation, clearly outlining priorities for children and families, which helped to round up community support and put pressure on legislators to introduce and back family-friendly proposals. Like all modern political campaigns, advocates utilized the media in several crucial ways. Not only did Arizona have a significant population of uninsured children, but it was also one of 39 states that failed to spend all of its 1998 CHIP funding. These two facts alone gave advocates the leverage they needed to sway state officials to make improvements to the program. "It was easy to get the media to run stories on the unspent money, because it was a national story and we were able to connect it to local family stories, which created public outcry," said Ms. Rodgers. She stressed the importance of knowing what will cause people in your community to become concerned and using all available media outlets.

The policy changes that were brought about through a concerted effort on the part of parents, state legislators, advocates, and community leaders in Arizona have the power to erase the distinction it has had of being ranked as the state with the highest percentage of uninsured children—over 25 percent. Through its actions, Arizona has shown that it understands a basic child development axiom—good health is fundamental to a child's ability to learn and perform well in school.

For more information about the Arizona experience, please contact Angela Rodgers with the Children's Action Alliance at 602-266-0707.

Legislation enacted in the Summer of 2000 established a crucial link between the National School Lunch Program, Medicaid, and the Children's Health Insurance Program (CHIP). This connection was created to provide another way for families to learn about free or low-cost health insurance from a trusted and credible source—their child's school. As part of the Agricultural Protection Act of 2000, states now have the option of sharing information with CHIP and Medicaid agencies about families who participate in the school lunch program in an effort to help identify eligible children. Sixty-nine percent of children who are eligible for Medicaid, but who are not enrolled, are school-age children or have school-age siblings, according to a 1998 study by the General Accounting Office. This fact has swayed almost every state to enlist the support of schools in its outreach and enrollment strategies.



National News

Because of the tragic events of Tuesday, September 11th, national policymakers will be focusing significant attention on the priorities associated with the disaster, and consideration of other important policy issues such as those listed below may be delayed. CDF will keep you updated on all policy and budgetary developments as they relate to children. Please check our Web site regularly for updates at www.childrensdefense.org.

Medicaid and CHIP Waivers

In early August, the Bush Administration announced its Health Insurance Flexibility and Accountability (HIFA) demonstration initiative to encourage states to apply for waivers of Medicaid and CHIP requirements in order to expand coverage for the uninsured. The Bush Administration has indicated that it will allow states to reduce benefits and increase cost-sharing for millions of people covered by Medicaid, including several million children, and all children covered by CHIP, as a way to divert funds to expand insurance coverage. The administration also indicated in the HIFA documents that they expect states to give particular emphasis to the use of CHIP and Medicaid funds to buy coverage through the private sector employment-based insurance market. Numerous advocacy organizations have voiced strong opposition to this attempt to encourage cuts in services and increases in cost-sharing for low-income families as a way to fund coverage for more uninsured children.

For a summary of the key points in the guidance, go to www.familiesusa.org/media/updates/bushmedicaid.htm.

The Department of Health and Human Services waiver policy document is available at www.hcfa.gov/medicaid/hpg1.htm.

Medicaid Managed Care Regulations

Also in August, the Bush Administration delayed until August 2002 the effective date of Medicaid managed care regulations issued by the Clinton Administration and also published proposed changes to the Clinton Administration regulations. Among the changes proposed by the Bush Administration are reduced protections for Medicaid enrollees going through grievances and appeals, the elimination of screening requirements on the needs of people with special health care concerns, and the abolishment of access to care provisions for minority enrollees.

The Department of Health and Human Services will be accepting comments on its proposed changes until October 19, 2001. The regulations are available at www.hcfa.gov/medicaid/omchmpg.htm.

Congressional Initiatives to Insure the Uninsured

At press time, Congress was still struggling with if, and how, to expand health insurance coverage for the uninsured, including coverage for legal immigrant children and pregnant women, uninsured parents of children eligible for Medicaid and CHIP, and pregnant women who meet CHIP income eligibility but who are older than the 18-year-old age limit of the program. These proposals, included in a package known as "Family Care" (S. 1244 and H.R. 2630), could be funded with $28 billion that Congress included in its budget blueprint, also called the "budget resolution." These funds may only be available if there is a budget surplus beyond the Social Security surplus. The Congressional Budget Office has recently reported that the non-Social Security surplus has been exhausted, making access to the $28 billion difficult, if not impossible, unless proponents find cuts or savings from other areas of the federal budget.

The Economic Growth and Tax Relief Reconciliation Act of 2001

The Economic Growth and Tax Relief Reconciliation Act of 2001 (H.R. 1836, P.L. 107-16) was passed by Congress and signed by President Bush on June 7, 2001. The $1.35 trillion tax cut legislation makes numerous changes to the federal tax system over the next ten years. Among its many provisions are several that will provide important new help for low-income children and families. Because these provisions are complicated, it will be extremely important for groups and organizations working with children and families to assist them in understanding and accessing the new benefits.

For more information on the new tax bill, the Child Tax Credit, or the Earned Income Tax Credit, go to www.cdfactioncouncil.org/Tax%20Bill%20Provisions.

The Child Tax Credit

The new tax bill improves the Child Tax Credit for families currently receiving it. The Credit will be increased from $500 per child to $1000 per child over the next ten years. It will rise to $600 per child in 2001, $700 per child in 2005, $800 per child in 2009, and $1000 per child in 2010.

Especially important, the new tax bill makes the Child Tax Credit partially refundable, thereby extending it to millions of low-income working families who have not been eligible for the credit in the past. Low-income families will have to file federal income tax returns in order to receive the Child Tax Credit refund, just as they currently must file to claim the Earned Income Tax Credit.

Reports From Across the Country

The following articles and reports provide information on simplification for Medicaid and CHIP, building political support for legislative changes in your state, and school-based outreach strategies, as well as a new report from CDF's Family Income Division on the effects of welfare-to-work programs on children.

Children's Defense Fund

The State of America's Children Yearbook 2001

This annual analysis of the status of children in America offers the latest facts, developments, and specific data as it relates to child poverty, family income, child care, education, child health, and the Children's Health Insurance Program (CHIP). This comprehensive guide is a valuable resource for discussing these issues with policy makers, the media, and the public.

Order this indispensable resource for only $15.95 by calling 202-662-3652 or online at www.cdfwebstore.com.

New!

How Children Fare in Welfare Experiments Appears to Hinge on Income

New research has begun to reveal the effect of welfare-to-work experiments on children. This CDF report looks at data from 16 local programs begun in the early and mid-1990s before the 1996 national welfare overhaul. These early findings indicate that the most successful welfare reforms for *children* have been those that improve their families' income and economic security by strongly rewarding and encouraging work.

This report can be downloaded at www.childrensdefense.org/fair-start-pubs.htm *or call 202-662-3542 to request a hard copy.*

Congressional Workbook 2001

Ever wish there were an insider's guide to Congress tailored to the issues important to you? This basic process and issue primer is a perfect resource for children's advocates and for those who want to learn more about the legislative process. It includes CHIP and managed care basics, summaries on The Legal Immigrant Children's Health Improvement Act and The Family Opportunity Act, as well as action steps for advocates working on children's health.

The workbook can be purchased for only $8.00 by calling 202-662-3652 or online at www.cdfwebstore.org.

The Henry J. Kaiser Family Foundation

Making It Simple: Medicaid for Children and CHIP Income Eligibility Guidelines and Enrollment Procedures

Prepared by the Center on Budget and Policy Priorities, this study of the enrollment process in children's Medicaid and CHIP programs in the 50 states and the District of Columbia focuses on income eligibility guidelines and simplification of application, enrollment, and redetermination procedures as of July 2000.

The study can be downloaded at www.kff.org/content/2000/2166/hjksmall.pdf.

The Center for Health and Health Care in Schools

From the Margins to the Mainstream: Institutionalizing School-Based Health Centers

This paper examines the political and financial strategies that have fostered the stability and expansion of school-based centers. It highlights the experiences of three states, Louisiana, Connecticut, and Delaware, as they built grassroots advocacy and legislative support that led to increased state investment in school-based health centers.

The paper is available at www.healthinschools.org/sbhcs/papers/margins_print.htm.

A Shining Success in the Lone Star State

(Continued from page 4)

eliminated but were simplified to three questions with no paper documentation required. Twelve-month continuous eligibility, the most expensive of these provisions, will be phased in over the next two years, with a six-month guarantee beginning in January 2002, and the full 12 months set to start no later than May 2003. "We took a giant leap forward towards our goal of getting every single Texas child covered with health insurance; however, we must work hard to ensure the new law is implemented successfully," said Sister Helen Brewer, an advocate from the Seton Healthcare Network.

The bill received broad bipartisan support once two additional provisions were added. Parents of newly enrolled children will have to take them to their checkups within the first 60 days of being on Medicaid or, within the first 30 days, attend an orientation session with a state DHS representative on how to properly use health services. Otherwise, parents must go to the welfare office to have their child(ren) recertified so that an orientation can be given at that time. This process ensures that parents receive the information and assistance necessary for scheduling doctors' appointments and learning how to use primary care instead of emergency room care.

PHOTO © GOPAL BHADKAR

The main lesson learned from this experience is that issues need to be presented to the public so that support can be garnered early in the process. In Texas, this was accomplished by explaining these services in ways that illustrate how they can help working families and benefit the community. A broad-based coalition cannot be ignored. By having advocates, state officials, and parents working together, health services for children in the Lone Star State were greatly improved—and it is a success that can be replicated across the country.

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Future Events and Publications

10th National Observance of Children's Sabbaths
Write the Vision: Creating Communities of Shalom for All Children
October 19-21, 2001
An annual, national, multi-faith celebration of children observed in thousands of congregations and communities across the country. For more information or to request a Sabbath manual, go to www.childrensdefense.org/moral-children-sabbath.htm or email us at rdavis@childrensdefense.org.

Children's Defense Fund 2001 National Benefit
Honoring Herb Scannell, President, Nickelodeon, TVLand and TNN
Thursday, November 1, 2001
Manhattan Center, New York City
For more information, contact DBK Events at 212-822-8848.

Children in the States 2001
How are children faring in your state? This companion to the *State of America's Children 2001* ranks each state's standing in population, federal nutrition, education, teen pregnancy, foster care, adoption, and other areas. Find out where your state needs improvement by ordering this quick-reference for $5.95 by calling 202-662-3652 or online at www.cdfwebstore.com.

To learn the latest about the Movement to Leave No Child Behind, go to www.childrensdefense.org/campaign.

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We are interested in your feedback! Tell us what you think of this newsletter. How and when have you used the information? E-mail us with your comments and suggestions at cdfhealth@childrensdefense.org

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